#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 14,081

AID CODE 10

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED

DIMBIN COUNT	DOINTING OF BEIN	TODO TOTO CITOTI GIVINI	110112	MID CODE	MONT	HLY AVERAGE	
10,859 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
10,000 22101222	00210	OR DAYS OF CARE	2111 2112 11 01120	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	8 - 882	206,012 \$	3,961,591.43	\$ 19.23	18.972 \$	446.02 \$	364.82
@PHYSICIANS SERVICES	8,882 1,925	6,116 \$	87,527.37	\$ 14.31	.563 \$	45.47 \$	8.06
OUTPATIENT VISITS	10	12	351.69	29.31	.001	35.17	.03
OFFICE VISITS	7	9	142.40	15.82	.001	20.34	.01
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	209.29	69.76	.000	69.76	.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00				.00
OTHER OUTPATIENT	1	0		.00	.000	.00	
INPATIENT VISITS	1	-	37.80CR		.000	37.80CR	.00
HOSPITAL VISITS	1	0	37.80CR		.000	37.80CR	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	88.57	44.29	.000	44.29	.01
EXAMINATIONS	2	2	88.57	44.29	.000	44.29	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	381.21	190.61	.000	190.61	.04
PRINCIPAL SURGEON	2	2	381.21	190.61	.000	190.61	.04
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	48.20	48.20	.000	48.20	.00
RADIOLOGY	4	4	449.90	112.48	.000	112.48	.04
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1,911	6 , 095	86,245.60	14.15	.561	45.13	7.94
@PHARMACY	7,405	116,076 \$	2,326,669.91	\$ 20.04	10.689 \$	314.20 \$	214.26
PRESCRIPTION DRUGS	7,310	31,491	2,267,025.89	71.99	2.900	310.13	208.77
SNF/ICF	157	1,027	48,996.10	47.71	.095	312.08	4.51
OUTPATIENTS	7 , 167	30,464	2,218,029.79	72.81	2.805	309.48	204.26
MEDICAL SUPPLIES	729	84,585	59,644.02	.71	7.789	81.82	5.49
	355	1,340 \$	59,499.90	\$ 44.40	.123 \$	167.61 \$	5.48
@DENTIST	228	1,340 \$ 877		11.83	.123 \$	45.51	.96
VISITS - DIAGNOSTIC			10,375.90				
ORAL SURGERY	40	110	5,319.00	48.35	.010	132.98	.49
DRUGS	1	1	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.01
PERIODONTICS	19	20	1,897.00	94.85	.002	99.84	.17
ENDODONTICS	7	9	2,095.00	232.78	.001	299.29	.19
RESTORATIVE DENTISTRY	64	140	9,603.00	68.59	.013	150.05	.88
PROSTHETICS	6	7	210.00	30.00	.001	35.00	.02
DENTURES, STAYPLATES	88	172	29,875.00	173.69	.016	339.49	2.75
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	25.00	25.00	.000	25.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	8	2	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,082

MOP024 FEE-FOR-SERVICE/DENTAL SHASTA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

SHASTA COUNTY	SUMMARY OF SERV	VICES FOR CASH G	RAN'I'	- AGED		AID CODE					
							MC			.GE	
10,859 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	275	822	\$	14,825.25	\$	18.04	.076	\$	53.91	\$	1.37
DIAGNOSTIC AND ANC. PROCED	29	31		992.60		32.02	.003		34.23		.09
EYE APPLIANCES	200	616		11,289.99		18.33	.057		56.45		1.04
OTHER OPTOMETRIC SERVICES	77	175		2,542.66		14.53	.016		33.02		.23
@CHIROPRACTOR	13	21	\$	314.11	\$	14.96	.002	\$	24.16	\$.03
VISITS	5	9		150.48		16.72	.001		30.10		.01
OTHER SERVICES	10	12		163.63		13.64	.001		16.36		.02
@PODIATRIST	23	29	\$	239.76	\$	8.27	.003	\$	10.42	\$.02
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	23	29		239.76		8.27	.003		10.42		.02
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
NURSE ANESTHESIST	1	13	\$	31.60	\$	2.43	.001			\$.00
NURSE MIDWIFE	0	0	\$.00	¢	.00	.000		.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	•	0	\$.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	3	11	\$	74.78	\$	6.80	.001		24.93		.01
@TOTAL HOSPITAL	583	2,522	ş S			165.90	.232	ڊ خ	717.68		38.53
-	168	•	Ş	.,	Ş	1643.72		Ş		Ş	
HOSP INPATIENT TOTAL		215		353,398.94			.020		2103.57		32.54
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	31	215		237,780.59		1105.96	.020		7670.34		21.90
ACCOMMODATIONS	31	215		75,490.37		351.12	.020		2435.17		6.95
ADMINISTRATIVE DAYS	2	22		4,670.80		212.31	.002		2335.40		.43
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	30	193		70 , 819.57		366.94	.018		2360.65		6.52
ANCILLARIES	31	0		162,290.22		.00	.000		5235.17		14.95
INPATIENT CROSSOVERS	138	0		115,618.35		.00	.000		837.81		10.65
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	428	2,307		65 , 010.57		28.18	.212		151.89		5.99
MEDICAL	3	6		174.35		29.06	.001		58.12		.02
SURGERY	3	3		61.30		20.43	.000		20.43		.01
PATHOLOGY	3	5		35.23		7.05	.000		11.74		.00
RADIOLOGY	3	3		245.99		82.00	.000		82.00		.02
ROOM USE	5	10		367.47		36.75	.001		73.49		.03
CROSSOVERS/ALL OTH OUTPTNT	425	2,280		64,126.23		28.13	.210		150.89		5.91
@COUNTY HOSPITAL TOTAL	6	10	\$	322.47	\$	32.25	.001	\$	53.75	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	6	10		322.47		32.25	.000		53.75		.03
MEDICAL	0	0		.00		.00	.001		.00		.03
	0										
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	U	0		.00		.00	.000		.00		.00

03/14/05

0 0 RADIOLOGY .00 .00 .000 .00 .00 0 0 ROOM USE .00 .00 .000 .00 .00 32.25 53.75 CROSSOVERS/ALL OTH OUTPTNT 6 10 322.47 .001 .03 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,083

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

SHASTA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

SHASTA COUNTY	SUMMARY OF SERVICE	S FOR CASH GRA	NT.	- AGED		AID CODE	10				
							M	INO	HLY AVERA	GΕ	
10,859 ELIGIBLES	USERS UN	IITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		R DAYS OF CARE				UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	577	2,512	\$	418,087.04	\$	166.44	.231	\$	724.59	\$	38.50
COMM HOSP INPATIENT TOTAL	168	215		353,398.94		1643.72	.020		2103.57		32.54
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	31	215		237,780.59		1105.96	.020		7670.34		21.90
ACCOMMODATIONS	31	215		75,490.37		351.12	.020		2435.17		6.95
ADMINISTRATIVE DAYS	2	22		4,670.80		212.31	.002		2335.40		.43
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	30	193		70,819.57		366.94	.018		2360.65		6.52
ANCILLARIES	31	0		162,290.22		.00	.000		5235.17		14.95
INPATIENT CROSSOVERS	138	0		115,618.35		.00	.000		837.81		10.65
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	422	2,297		64,688.10		28.16	.212		153.29		5.96
MEDICAL	3	6		174.35		29.06	.001		58.12		.02
SURGERY		3		61.30		20.43	.000		20.43		.01
PATHOLOGY	3	5		35.23		7.05	.000		11.74		.00
RADIOLOGY	3 3 3	3		245.99		82.00	.000		82.00		.02
ROOM USE	5	10		367.47		36.75	.001		73.49		.03
CROSSOVERS/ALL OTH OUTPTNT		2,270		63,803.76		28.11	.209		152.28		5.88
@STATE HOSPITAL	0	-	\$.00	\$.00		Ś	.00	Ś	.00
MENTALLY ILL	0	0	٧	.00	Y	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	183	•	Ś	506,742.54	Ġ	143.63		Ċ	2769.08	Ċ	46.67
LEV A-INTERMEDIATE	22	694	٧	62,494.09	Y	90.05	.064	Y	2840.64	Y	5.76
LEV A-INIERMEDIATE LEV B-REHAB MD	5	148		18,517.06		125.12	.014		3703.41		1.71
LEV B REHAD MD LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-SUBACULE HSFIL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IF CARE LEV B-REGULAR	157	2,686		425,731.39		158.50	.247		2711.66		39.21
@INTERMEDIATE CARE FACILDD	157	•	Ś	.00	\$.00	.000	\$.00	ċ	.00
	0		Ą		Ą			ې		Ą	
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	55		Ś	.00	Ċ	449.68	.000	Ċ		ċ	.00
@HEMODIALYSIS TOTAL	0	76	P	34,175.88 .00	\$.00	.007	Þ	621.38 .00	Þ	3.15 .00
HOSPITAL BASED	55	76							621.38		
HEMODIALYSIS CENTER	0		Ċ	34,175.88	Ċ	449.68	.007	<u>_</u>		<u>_</u>	3.15
@REHABILITATION FACILITY	0	•	\$.00	\$.00	.000	Þ	.00	Ş	.00
HOSPITAL BASED	-	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	<u> </u>	.00	<u> </u>	.00	.000	<u>^</u>	.00	<u> </u>	.00
@LABORATORY FACILITY	112		\$	5,552.16	\$	24.90	.021	Ş	49.57	Ş	.51
PATHOLOGY	10	14		242.34		17.31	.001		24.23		.02
XO AND OTHERS	102	209		5,309.82		25.41	.019		52.06		.49
@ORGANIZED OUTPATIENT CLINIC	1,720	,	\$	108,773.28	\$	40.08	.250	Ş	63.24	Ş	10.02
CLINIC	1	1		153.90		153.90	.000		153.90		.01
SURGICENTER	56	101		13,792.77		136.56	.009		246.30		1.27
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,676	2,612	_	94,826.61		36.30	.241		56.58		8.73
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	S M	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC	2004	P	PAGE 14,084

MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 03/14/05

						MO	NTHLY AVERA	GE
10,859 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,345	72 , 521	\$	398,755.38	\$ 5.50	6.678	\$ 170.04	\$ 36.72
DURABLE MED. EQUIP.	115	228		50,005.84	219.32	.021	434.83	4.61
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	147	284		36,287.27	127.77	.026	246.85	3.34
MEDICAL TRANSPORTATION	212	14,296		42,305.04	2.96	1.317	199.55	3.90
AMBULANCES/AIR TRANS	15	10		276.82	27.68	.001	18.45	.03
OTHER TRANS	189	13,910		41,192.88	2.96	1.281	217.95	3.79
OTHER SERVICES	49	376		835.34	2 22		17.05	.08
ACUPUNCTURE	9	28		475.78	16.99	.003	52.86	.04
ADULT DAY HEALTH CARE CTR	79	838		58,308.04	69.58	.077	738.08	5.37
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	399	2,205		132,841.01	60.25	.203	332.93	12.23
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	283	662		7,729.58	11.68	.061	27.31	.71
PHYSICAL THERAPIST	4	5		54.43	10.89	.000	13.61	.01
PORTABLE X-RAY	1	3		4.54	1.51	.000	4.54	.00
PROSTHETIST/ORTHOTISTS	9	25		581.25	23.25		64.58	
PROSTHETICS	9	25		581.25	23.25	.002	64.58	.05
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	45	66			75.38		110.56	.46
HOSPICE SERVICES	2	65		8,242.56	126.81	.006	4121.28	.76
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,410	53 , 816		56,944.66	1.06	4.956	40.39	5.24
@CALIF. CHILDREN SERVICES*	1	3	\$	141.69	\$ 47.23	.000	\$ 141.69	\$.01
@XOVER EXCLUDING STATE HOSP**	3,405	25 , 696	\$	478,135.01	\$ 18.61	2.366	\$ 140.42	\$ 44.03
A* TOTALS IN TUESE IINES ADE CIN	TN AC A CEDAI	DATE THEODMATTON	ТТЕМ	ONT V .				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,085 MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20 03/14/05

MONIBULL ALIEDACE

					GE			
1,599 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	Ε		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,360	46,173	\$	1,380,718.01	\$ 29.90	28.876	\$ 1015.23	\$ 863.49
@PHYSICIANS SERVICES	368	1 , 756	\$	56,859.60	\$ 32.38	1.098	\$ 154.51	\$ 35.56
OUTPATIENT VISITS	158	229		11,560.73	50.48	.143	73.17	7.23
OFFICE VISITS	89	103		3,303.78	32.08	.064	37.12	2.07
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	74	120		8,137.26	67.81	.075	109.96	5.09
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	6		119.69	19.95	.004	23.94	.07
INPATIENT VISITS	36	141		6,093.08	43.21	.088	169.25	3.81
HOSPITAL VISITS	35	135		5,488.88	40.66	.084	156.83	3.43
CRITICAL CARE	3	6		604.20	100.70	.004	201.40	.38

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	14	16	561.77	35.11	.010	40.13	.35
EXAMINATIONS	14	16	561.77	35.11	.010	40.13	.35
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	16	196	7,188.84	36.68	.123	449.30	4.50
PRINCIPAL SURGEON	10	19	5,163.03	271.74	.012	516.30	3.23
ASSISTANT SURGEON	3	3	496.84	165.61	.002	165.61	.31
ANESTHESIOLOGIST	5	174	1,528.97	8.79	.109	305.79	.96
OUTPATIENT SURGERY	31	222	8,224.66	37.05	.139	265.31	5.14
PRINCIPAL SURGEON	28	30	7,108.35	236.95	.019	253.87	4.45
ASSISTANT SURGEON	1	1	408.79	408.79	.001	408.79	.26
ANESTHESIOLOGIST	5	191	707.52	3.70	.119	141.50	.44
DIALYSIS	1	2	128.76	64.38	.001	128.76	.08
PATHOLOGY	14	26	240.52	9.25	.016	17.18	.15
RADIOLOGY	100	183	10,091.08	55.14	.114	100.91	6.31
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	6	21.05	3.51	.004	7.02	.01
OTHER SERVICES/ALL X-OVERS	182	735	12,749.11	17.35	.460	70.05	7.97
@PHARMACY	1,076	17,405	\$ 402,216.48	\$ 23.11	10.885	\$ 373.81	\$ 251.54
PRESCRIPTION DRUGS	1,050	4,799	378,150.48	78.80	3.001	360.14	236.49
SNF/ICF	68	418	35,683.63	85.37	.261	524.76	22.32
OUTPATIENTS	992	4,381	342,466.85	78.17	2.740	345.23	214.18
MEDICAL SUPPLIES	144	12,606	24,066.00	1.91	7.884	167.13	15.05
@DENTIST	55	240	\$ 9,581.00	\$ 39.92	.150	\$ 174.20	\$ 5.99
VISITS - DIAGNOSTIC	38	164	1,709.00	10.42	.103	44.97	1.07
ORAL SURGERY	6	13	1,148.00	88.31	.008	191.33	.72
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	8	8	733.00	91.63	.005	91.63	.46
ENDODONTICS	2	2	660.00	330.00	.001	330.00	.41
RESTORATIVE DENTISTRY	19	36	4,656.00	129.33	.023	245.05	2.91
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.02

DENTURES, STAYPLATES	4	12	645.00	53.75	.008	161.25	.40
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	4	.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEG	C 2004	PAGE 14,086
MOP024	FEE-FOR-SERVICE/DE	NTAL					03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20 ----- MONTHLY AVERAGE -----1,599 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 9,046.85 \$ 77.99 .073 \$ @OPTOMETRIST 116 \$ 158.72 \$ 5.66 769.57 8,023.59 253.69 DIAGNOSTIC AND ANC. PROCED 14 16 48.10 .010 54.97 95 5 3 \$ 3 0 17 \$ 15 84.46 174.43 EYE APPLIANCES .059 5.02 4 50.74 .003 63.42 OTHER OPTOMETRIC SERVICES .16 25.08 \$ @CHIROPRACTOR 50.16 \$ 16.72 .002 \$.03 50.16 16.72 25.08 VISITS .002 .00 0 .00 OTHER SERVICES .00 .000 .00 1.3 306.07 \$ 18.00 .011 \$ 23.54 \$ @PODIATRIST .19 303.65 12 25.30 20.24 MEDICINE/INJECTIONS .009 . 19 0 0 .00 .00 SURGERY/ANES. .000 .00 .000 RADIO./PATHOLOGY .00 .00 .00 2 2.42 1.21 .001 2.42 OTHER .00 4,167 129,251.54 \$ 31.02 28 @HOME HEALTH AGENCY 2.606 \$ 4616.13 \$ 80.83 .000 \$.00 \$ Ω 0 \$.00 \$.00 .00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 \$. 00 NURSE MIDWIFE 0 ; 3 \$ \$.00 \$.00 .00 \$. 00 PEDIATRIC NURSE PRACTITIONER .000 \$ FAMILY NURSE PRACTITIONER 3 118.70 \$ 39.57 .002 \$ 39.57 \$.07 217.95 2030.43 .00 1992.99 428.65 .00 .00 428.65 .00 .00 .00 .00 20.69 22.33 150 1,192 259,802.02 \$ 217.95 .745 \$ 1732.01 \$ 162.48 @TOTAL HOSPITAL 32 117 237,559.87 2030.43 .073 7423.75 148.57 HOSP INPATIENT TOTAL 27 27 0 0 27 27 5 0 0 1,075 45 .00 1992.99 428.65 .000 .00 HSC HOSPITALS .00 233,179.87 145.83 NON-HSC HOSPITAL TOTAL .073 8636.29 1857.48 ACCOMMODATIONS 50,152.00 .073 31.36 .00 .000 .00 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE .00 .000 .00 50,152.00 428.65 183,027.87 .00 4,380.00 .00 50,152.00 1857.48 31.36 ALL OTHER ACCOM .073 .000 6778.81 114.46 ANCILLARIES 876.00 INPATIENT CROSSOVERS .000 2.74 .00 ALL OTHER INPATIENT .00 .000 .00 22,242.15 .672 173.77 HOSP OUTPATIENT TOTAL 13.91 22.33 42.26 12.46 60.11 40.97 22.33 .028 28.70 MEDICAL 1,004.64 .63 802.98 44.61 SURGERY .012 2,852.62 2,284.00 .143 73.14 PATHOLOGY RADIOLOGY 38 .024 71.38 1.43 77 136 72.36 5,572.02 .085 ROOM USE CROSSOVERS/ALL OTH OUTPINT 608 9,725.89 16.00 .380 113.09 6.08 101.67 \$ 50.84 .001 \$ 50.84 \$ @COUNTY HOSPITAL TOTAL .06 CO HOSPITAL INPATIENT TOTAL . 00 .00 .000 . 00 . 00 .00 .00 .000 .00 .00 HSC HOSPITALS NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 . 00 .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 ANCILLARIES . 00 .000 . 00 . 00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	2	101.67	50.84	.001	50.84	.06
MEDICAL	1	1	66.32	66.32	.001	66.32	.04
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.35	35.35	.001	35.35	.02
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITURES 1	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU D	EC 2004	PAGE 14,087
MOP024	FEE-FOR-SERVICE/DE	NTAL					03/14/05
SHASTA COUNTY	SUMMARY OF SERVICE	S FOR CASH GRANT	- BLIND	AID COD	E 20		
					MO	NTHLY AVERA	GE
1 500 FITCIBIES	HIGEDG HIM	THE OF SERVICE	EADEMULLIDEC	ATTEDACE COST	DAKO/DTIMII T	COST DED	COST DED

DIADIA COUNTI	SOPIMANT OF SERV	TEED FOR CASH G	. \7711 1	DHIND		AID CODE	M	ONT	גמישוזג עדטי	CE	
1,599 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	73 7 7	ERAGE COST					COST PER
1,399 ELIGIBLES	CALCO	OR DAYS OF CAR		EXPENDITORES		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	148	1,190	\$	259,700.35		218.24			1754.73		162.41
COMM HOSP INPATIENT TOTAL	32	1,190	۲	237,559.87	Ą	2030.43	.073	۲	7423.75	۲	148.57
HSC HOSPITALS	32	0		.00		.00	.000		.00		.00
	27										
NON-HSC HOSPITALS TOTAL	27	117 117		233,179.87		1992.99	.073		8636.29		145.83
ACCOMMODATIONS	0	117		50,152.00		428.65	.073		1857.48		31.36
ADMINISTRATIVE DAYS	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	27 27	117		50,152.00		428.65	.073		1857.48		31.36
ANCILLARIES		0		183,027.87		.00	.000		6778.81		114.46
INPATIENT CROSSOVERS	5	0		4,380.00		.00	.000		876.00		2.74
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	126	1,073		22,140.48		20.63	.671		175.72		13.85
MEDICAL	34	44		938.32		21.33	.028		27.60		.59
SURGERY	18	19		802.98		42.26	.012		44.61		.50
PATHOLOGY	39	229		2,852.62		12.46	.143		73.14		1.78
RADIOLOGY	32	38		2,284.00		60.11	.024		71.38		1.43
ROOM USE	76	135		5 , 536.67		41.01	.084		72.85		3.46
CROSSOVERS/ALL OTH OUTPTNT		608		9,725.89		16.00	.380		113.09		6.08
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	16	311	\$	42,363.64	\$	136.22	.194	\$	2647.73	\$	26.49
LEV A-INTERMEDIATE	4	92		8,237.68		89.54	.058		2059.42		5.15
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	12	219		34,125.96		155.83	.137		2843.83		21.34
@INTERMEDIATE CARE FACILDD	54	1,680	\$		\$	189.66	1.051	\$	5900.46	\$	199.27
ICF DDH	28	821		141,389.93		172.22	.513		5049.64		88.42
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	26	859		177,235.05		206.33	.537		6816.73		110.84
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	-	.00	-	.00	.000	т.	.00	7	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	14	254	\$	2,399.09	Ś	9.45	.159	Ś	171.36	Ś	1.50
HOSPITAL BASED	0	0	т	.00	Ψ.	.00	.000	Τ.	.00	т	.00
INDEPENDENT FACILITY	14	254		2,399.09		9.45	.159		171.36		1.50
@LABORATORY FACILITY	116	463	\$	5,842.99	Ś		.290	Ś		Ś	3.65
PATHOLOGY	110	454	~	5,802.13	Y	12.78	.284	Ψ.	52.75	~	3.63
XO AND OTHERS	6	9		40.86		4.54	.006		6.81		.03
VO WIND OTHER	O	9		40.00		4.04	.000		0.01		.03

@ORGANIZED OUTPATIENT CLINIC	403	663 \$	60,123.33	\$ 90.68	.415 \$	149.19	\$ 37.60
CLINIC	4	7	270.56	38.65	.004	67.64	.17
SURGICENTER	7	29	1,868.69	64.44	.018	266.96	1.17
HEROIN DETOX CLINIC	0	0	.00		.000	.00	.00
RURAL HEALTH CLINIC	396	627	57 , 984.08	92.48	.392	146.42	36.26
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU DEC	2004	PAGE 14,088
MOP024	FEE-FOR-SERVICE						03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR CASH GRAN	T - BLIND	AID COD			
					MONT		
1,599 ELIGIBLES	USERS		EXPENDITURES			COST PER	COST PER
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS		OR DAYS OF CARE		PER UNIT/DA		USER	ELIGIBLE
@ALL OTHER PROVIDERS	349	17,903 \$	•	\$ 4.70	11.196 \$		•
DURABLE MED. EQUIP.	40	109	30,621.30	280.93	.068	765.53	19.15
BLOOD BANK	0	0	.00		.000	.00	.00
HEARING AID DISPENSERS	17	32	1,766.97	55.22	.020	103.94	1.11
MEDICAL TRANSPORTATION	4 /	673	14,406.90	21.41	.421	306.53	9.01
AMBULANCES/AIR TRANS	31	455	7,450.38	16.37	.285	240.33	4.66
OTHER TRANS	16 5	213	907.16	4.26 1209.87	.133	56.70	.57
	5 3	5	6,049.36			1209.87	3.78
ACUPUNCTURE	0	4	64.88	16.22	.003	21.63	.04
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
THMC, MODEL-NF, NF, AIDS, MSSP	33 0	3/9	10,495.05	27.69	.237	318.03	6.56
OCCUPATIONAL THERAPIST	32	0	.00	.00	.000	.00	.00
OPTICIAN	32	82	7,487.53	91.31	.051	233.99	4.68
PHISICAL THERAPIST	2	45	537.98	11.96	.028	268.99	.34
PORTABLE X-RAY	6	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE	6	455 213 5 4 0 0 379 0 82 45 0 9 9 9 0 8 11 0 0 884 0	1,812.92	201.44	.006	302.15	1.13
PROSTHETICS	0	9	1,812.92	201.44	.006	302.15	1.13
DOVIDED OCTOR	2	U	.00	.00 59.37	.000	.00	.00
PSICHOLOGIST	∠	٥	474.92 398.20	36.20	.005 .007	237.46 99.55	.25
SPEECH AND AUDIOLOGY	4	11	.00	.00	.007	.00	.00
NONTHER BIDTHING CENTEDS	0	0	.00	.00	.000	.00	.00
NONINGI BIRITING CENTERS	9	001	4,726.45	5.35	.553	525.16	2.96
EPSDT SUPPLEMENTAL SERVICE	0	004	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	185	15,667	11,338.46	.72	9.798	61.29	7.09
@CALIF. CHILDREN SERVICES*		498 \$,		.311 \$		
@XOVER EXCLUDING STATE HOSP*		1,373 \$	32,137.10	\$ 23.41	.859 \$	136.75	•
0* TOTALS IN THESE LINES ARE				7 20.11	.003 4	100.70	7 20.10
THE AMOUNTS ARE ALREADY IN							
** THESE DATA ARE INCLUDED 1							
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES		REPORT FOR JAN	2004 THRU DEC	2004	PAGE 14,089
MOP024	FEE-FOR-SERVICE		11011111 01 11111111111 1		2001 111110 220	2001	03/14/05
SHASTA COUNTY		ICES FOR CASH GRAN	T - DISABLED	AID COD	E 60		00/11/00
					MONT	HLY AVERA	GE
98,694 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS'	r UNITS/DAYS		COST PER
		OR DAYS OF CARE		PER UNIT/DA		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	87 , 545	1,720,222 \$	69,288,869.92	\$ 40.28	17.430 \$	791.47	
@PHYSICIANS SERVICES	23,908	103,066 \$		\$ 39.16	1.044 \$	168.82	
OUTPATIENT VISITS	10,154	14,130	665,782.49	47.12	.143	65.57	6.75
OFFICE VISITS	5,618	7,316	237,932.47	32.52	.074	42.35	2.41
HOME VISITS	4	12	438.40	36.53	.000	109.60	.00
EMERGENCY ROOM	4,845	6,381	413,701.45	64.83	.065	85.39	4.19

PREVENTIVE CARE	1	1		56.92	56.92	.000	56.92	.00
OB VISITS/COMPRE PERI	34	118		4,301.80	36.46	.001	126.52	.04
OTHER OUTPATIENT	273	302		9,351.45	30.97	.003	34.25	.09
INPATIENT VISITS	273 1,782	7,930		406,178.79	51.22	.080	227.93	4.12
HOSPITAL VISITS	1,458	6,606		285,817.18	43.27	.067	196.03	2.90
CRITICAL CARE	243	911		112,133.89	123.09	.009	461.46	1.14
	288	413		8,227.72	19.92	.004	28.57	.08
OPHTHALMOLOGICAL SERVICES	436	498		21,375.05	42.92	.005	49.03	.22
EXAMINATIONS	434	496		21,319.76	42.98	.005	49.12	.22
SERVICES AND MATERIALS	2	2		55.29	27.65	.000	27.65	.00
INPATIENT HOSPITAL SURGERY	835	14,224		55.29 419,326.38	29.48	.144	502.19	4.25
PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON	596	938		327,554.34	349.21	.010	549.59	3.32
ASSISTANT SURGEON	117	119		21,802.84	183.22	.001	186.35	.22
ANESTHESTOLOGIST	275	13,167		69,969.20	5.31	.133	254.43	.71
OUTPATIENT SURGERY	2 108	18,480		483,381.32	26.16	.187	229.31	4.90
DDINCIDAL GUDCEON	1 970	2,573		429,394.07		.026	228.52	4.35
ACCICHAM SUNGEON	1,079	41		-	125.42	.000	125.42	.05
PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY	41			5,142.14				
ANESTHESIOLOGIST	329	15,866		48,845.11	3.08	.161	148.47	.49
DIALYSIS	123	372		31,605.91	84.96	.004	256.96	.32
PATHOLOGY	917	1,766		15,297.63	8.66	.018	16.68	.16
RADIOLOGY	7,434	15 , 149		1,003,238.46	66.22	.153	134.95	10.17
PSYCHIATRY	J	5		290.81	58.16	.000	58.16	.00
IMMUNIZATION AND INJECTION	792	3,691		389,175.04	105.44	.037	491.38	3.94
OTHER SERVICES/ALL X-OVERS	10,212	26,821		600,557.32	22.39	.272	58.81	6.09
@PHARMACY	70,556	777,199	\$	35,893,387.12	\$ 46.18	7.875		
PRESCRIPTION DRUGS		356,186		34,969,232.96	98.18	3.609	500.96	354.32
SNF/ICF	69,804 1,380 68,559	10,889		1,024,467.04	94.08	.110	742.37	10.38
OUTPATIENTS	60 550	345,297		33,944,765.92	98.31	3.499	495.12	343.94
MEDICAL SUPPLIES	6,389					4.266		9.36
		421,013		924,154.16	2.20		144.65	
@DENTIST VISITS - DIAGNOSTIC	4,508	21,261	\$	849,247.06		.215		•
VISITS - DIAGNOSTIC	2,957	13,254		154,085.62	11.63	.134	52.11	1.56
ORAL SURGERY	762	2,233		124,546.25	55.78	.023	163.45	1.26
DRUGS	62	129		1,790.00	13.88	.001	28.87	.02
ANESTHESIA	762 62 114 265 292	116		10,500.00	90.52	.001	92.11	.11
PERIODONTICS	265	283		28,508.00	100.73	.003	107.58	.29
ENDODONTICS	292	477		106,722.75	223.74	.005	365.49	1.08
RESTORATIVE DENTISTRY	1 - 1 61			212,651.00	73.08	.029	183.16	2.15
PROSTHETICS	34	35		1,470.00	42.00	.000	43.24	.01
DENUIDES SUNVOINTES	502	1,592		200,192.22	125.75	.016	338.16	2.03
CDACE MAINTAINEDC	392	2		222.00	111.00	.000	111.00	.00
SPACE MAINIAINERS	2	8						
MAXILLOFACIAL SERVICES	5	8		476.38	59.55	.000	95.28	.00
FRACTURES, DISLOCATIONS	4	5		3,187.84	637.57	.000	796.96	.03
ORTHODONTIC SERVICES	38	53		4,745.00	89.53	.001	124.87	.05
ALL OTHER SERVICES	96	164		150.00	.91	.002	1.56	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES M	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU D	EC 2004	PAGE 14,090
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SHASTA COUNTY	FEE-FOR-SERVICE	C/DENTAL						03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR CASH G	RANT	- DISABLED	AID COD	E 60		
							NTHLY AVERA	F
98,694 ELIGIBLES	USERS	UNITS OF SERVICE	FC.	EXPENDITURES	AVERAGE COS'			COST PER
30 , 031 HH101HH0	OBLIND	OR DAYS OF CAR		EMI EMBITORES	PER UNIT/DA		USER	ELIGIBLE
AODEOMETRI CE	2 767			172 076 01		.081		
@OPTOMETRIST	2,767	8,010	\$	173,076.91	\$ 21.61			
DIAGNOSTIC AND ANC. PROCED	1,342	1,405		59,074.14	42.05	.014	44.02	.60
EYE APPLIANCES	2,105	6,107		104,200.92	17.06	.062	49.50	1.06
OTHER OPTOMETRIC SERVICES	301	498		9,801.85	19.68	.005	32.56	.10
@CHIROPRACTOR	1,368	2,156	\$	35,429.66	\$ 16.43	.022		
VISITS	1,269	2,014		33,565.60	16.67	.020	26.45	.34

OTHER SERVICES	100	142	1,864.06	13.13	.001	18.64	.02
@PODIATRIST	135	170	\$ 3,986.15	\$ 23.45	.002	\$ 29.53	\$.04
MEDICINE/INJECTIONS	84	92	2,398.19	26.07	.001	28.55	.02
SURGERY/ANES.	2	3	743.59	247.86	.000	371.80	.01
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00
OTHER	50	74	827.07	11.18	.001	16.54	.01
@HOME HEALTH AGENCY	596	19,649	\$ 692,548.54	\$ 35.25	.199	\$ 1161.99	\$ 7.02
NURSE ANESTHESIST	22	454	\$ 2,363.41	\$ 5.21	.005	\$ 107.43	\$.02
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	2CR	\$ 24.00CF	\$ 12.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	189	270	\$ 6,622.89	\$ 24.53	.003	\$ 35.04	\$.07
@TOTAL HOSPITAL	11,493	72 , 299	\$ 14,491,082.06	\$.733	\$ 1260.86	\$ 146.83
HOSP INPATIENT TOTAL	1,637	6,901	12,609,128.40	1827.15	.070	7702.58	127.76
HSC HOSPITALS	133	907	1,364,323.77	1504.22	.009	10258.07	13.82
NON-HSC HOSPITAL TOTAL	1,089	5 , 994	10,863,740.56	1812.44	.061	9975.89	110.07
ACCOMMODATIONS	1,082	5 , 994	2,671,498.69	445.70	.061	2469.04	27.07
ADMINISTRATIVE DAYS	6	59	13,161.11	223.07	.001	2193.52	.13
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,077	5 , 935	2,658,337.58	447.91	.060	2468.28	26.94
ANCILLARIES	1,089	0	8,192,241.87	.00	.000	7522.72	83.01
INPATIENT CROSSOVERS	427	0	381,064.07	.00	.000	892.42	3.86
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10,344	65,398	1,881,953.66	28.78	.663	181.94	19.07
MEDICAL	3,645	6 , 264	230,584.40	36.81	.063	63.26	2.34
SURGERY	1 , 154	1,344	49,999.82	37.20	.014	43.33	.51
PATHOLOGY	3,584	19,041	213,088.96	11.19	.193	59.46	2.16
RADIOLOGY	2,806	4,593	338,469.03	73.69	.047	120.62	3.43
ROOM USE	6 , 165	8 , 995	339 , 993.66	37.80	.091	55.15	3.44
CROSSOVERS/ALL OTH OUTPINT	5,948	25,161	709 , 817.79	28.21	.255	119.34	7.19
@COUNTY HOSPITAL TOTAL	92	358	\$ 21,090.64	\$ 58.91	.004	\$ 229.25	\$.21
CO HOSPITAL INPATIENT TOTAL	4	6	9,309.97	1551.66	.000	2327.49	.09
HSC HOSPITALS	2	2	2,512.00	1256.00	.000	1256.00	.03

NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT #CALIF DEPT OF HEALTH SERV	2	Δ		6 797 97		1699 49	000		3398 99		.07
ACCOMMODATIONS	2	<u>1</u> Δ		2 565 00		641 25	000		1282 50		.03
ADMINITEDATIVE DAVE	0	0		2,303.00		011.25	000		00		.00
TDANCITIONAL TO CARE	0	0		.00		.00	.000		.00		.00
TRANSTITONAL IF CARE	0	0		2 5 6 5 0 0		.00	.000		1202 50		.03
ALL OTHER ACCOM	2	4		4,303.00		041.25	.000		1282.50		.03
ANCILLARIES	2	0		4,232.97		.00	.000		2116.49		.04
INPATIENT CROSSOVERS	U	U		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	U	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	90	352		11,/80.6/		33.4/	.004		130.90		.12
MEDICAL	48	7/8		4,114.88		52.75	.001		85.73		.04
SURGERY	4	6		481.79		80.30	.000		120.45		.00
PATHOLOGY	33	140		1,650.56		11.79	.001		50.02		.02
RADIOLOGY	19	31		2,205.32		71.14	.000		116.07		.02
ROOM USE	43	58		2,251.12		38.81	.001		52.35		.02
CROSSOVERS/ALL OTH OUTPTNT	21	39		1,077.00		27.62	.000		51.29		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	RES 1	MONTH-OF-PAYMENT RI	EPOR'	r for jan 2	2004 THRU D	EC	2004	P	AGE 14,091
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
MOP024 SHASTA COUNTY	SUMMARY OF SERV	ICES FOR CASH GF	RANT	- DISABLED		AID CODE	60				
							MC	NTH	ILY AVERA	GΕ	
98,694 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AV:	ERAGE COST	UNITS/DAYS	С	COST PER		COST PER
•		OR DAYS OF CARE	Ξ.		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11,412	71,941	\$	14,469,991.42	\$	201.14	.729	\$	1267.96	\$	146.61
COMM HOSP INPATIENT TOTAL	1.633	6.895	·	12.599.818.43		1827.38	.070		7715.75		127.67
HSC HOSPITALS	131	905		1.361.811.77		1504.76	.009	1	0395.51		13.80
NON-HSC HOSPITALS TOTAL	1,087	5,990		10,856,942.59		1812.51	.061		9987.99		110.01
ACCOMMODATIONS	1.080	5.990		2.668.933.69		445.56	.061		2471.23		27.04
ADMINISTRATIVE DAYS	-,000	59		13.161.11		223.07	.001		2193.52		.13
TRANSITIONAL IP CARE	0	0		10,101.11		00	000		00		00
ALL OTHER ACCOM	1 075	5 931		2 655 772 58		447 78	060		2470 49		26 91
ANCTITARIES	1 087	0,001		8 188 008 90		00	000		7532 67		82 96
TNDATTENT CDOGGOVEDG	1,007	0		381 064 07		.00	000		992.07		3 86
ALL ORDED INDARTENT	127	0		301,004.07		.00	.000		092.42		0.00
COMM HOCD OHDDARTENE HORAL	10 262	65 046		1 070 172 00		20 75	.000		102 24		10 05
MEDICAL	10,202	6 196		226 460 52		20.73	.033		62 01		2 20
MEDICAL	1 150	1 220		220,409.32		30.01	.003		02.91		2.29
SURGERI	1,130	1,338		49,518.03		3/.UI	.014		43.06		2 14
PATHOLOGY	3,332	18,901		211,438.40		11.19	.192		100 61		2.14
RADIOLOGY	2,788	4,562		336,263./1		/3./1	.046		120.61		3.41
ROOM USE	6,12/	8,937		337,742.54		37.79	.091		55.12		3.42
CROSSOVERS/ALL OTH OUTPINT	5,927	25,122		708,740.79		28.21	.255		119.58		7.18
@STATE HOSPITAL	U	0	Ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
UNURSING FACILITY	445	11,149	\$	1,692,031.06	\$	151.77	.113	Ş	3802.32	\$	17.14
LEV A-INTERMEDIATE	19	525		47,254.50		90.01	.005		2487.08		.48
LEV B-REHAB MD	33	993		124,105.79		124.98	.010		3760.78		1.26
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	13	335		188,625.20		563.06	.003	1	4509.63		1.91
SHASTA COUNTY 98,694 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-REGULAR GUMBERMEDIATE CARE FACIL DR	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	387	9,296		1,332,045.57		143.29	.094		3441.98		13.50
GINDEDWEDIAME CADE EACH DD	E E A	1 (002	Ċ	2 000 127 40	Ċ	101 72	170	Ċ	EE74 00	Ċ	21 20

181.73

169.93

206.45

48.55

48.55

.00

.00

\$

3,088,137.40

1,954,525.24

1,133,612.16

493,988.28

493,988.28

.00

.00

.172 \$ 5574.26 \$

.103 \$ 1568.22 \$

5143.49

6440.98

1568.22

.00

.00

.117

.000

.056

.000

.103

31.29

19.80

11.49

5.01

.00

5.01

.00

16,993

11,502

5,491

10,174

10,174

0

0

554

380

0

176

315

0

315

@INTERMEDIATE CARE FACIL.-DD

ICF DDH

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DD

@REHABILITATION FACILITY	226	3 , 162	\$	37,447.16		11.84	.032	\$ 165.70	\$.38
HOSPITAL BASED	15	91		1,957.73		21.51	.001	130.52		.02
INDEPENDENT FACILITY	211	3,071		35,489.43		11.56	.031	168.20		.36
@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY	8 565	39,038	\$	447,528.16	Ś	11 46		\$ 52.25		4.53
PATHOLOGY	8,565 8,253 312		Ψ	431,761.68	Υ	11 22		52.32		4.37
PAIROLOGI	0,233	38,451 587		431,761.68 15,766.48		11.23 26.86	.390			
XO AND OTHERS	312	58 /		15, /66.48		26.86	.006	50.53		.16
@ORGANIZED OUTPATIENT CLINIC	29,461	48,562 1,681 1,510	\$	4,018,703.09	\$	82.73	.492		\$	40.72
CLINIC	539	1,681		37,168.47 86,536.10		22.11	.017	68.96		.38
SURGICENTER	461	1,510		86,536.10		57.31	.015	187.71		.88
HEROIN DETOX CLINIC	7	. 79		949.33		12.02	.001	135.62		.01
RURAL HEALTH CLINIC	539 461 7 28,795	45,292		949.33 3,894,049.19		85.98	.459	135.23		39.46
#CALIF DEPT OF HEALTH SERV	20,795	TO AND EXPENDENT	DEC 1	5,094,049.19						
			KES I	MONTH-OF-PAIMENT R	KEPORT	FOR JAN 2	2004 THRU DI	£C 2004	PA	GE 14,092
	FEE-FOR-SERVICE									03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR CASH G	RANT	- DISABLED		AID CODE				
							MOI	NTHLY AVERA	GE -	
98,694 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	С	OST PER
					PER	IINTT/DAY	PER ELIG	USER	F	LIGIBLE
@ALL OTHER PROVIDERS	1/1 330			3,327,105.77				\$ 232.03		
GALL OTHER FROVIDERS	14,339	300,012	Y	3,327,103.77	Y				Ÿ	
DURABLE MED. EQUIP.	2,195	9,066		897,031.33			.092	408.67		9.09
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	294	582		60,486.01		103.93	.006	205.73		.61
MEDICAL TRANSPORTATION	2,432	69,435		561,765.47		8.09	.704	230.99		5.69
AMBULANCES/AIR TRANS	1.764	18.622		561,765.47 308,642.26		16.57	.189	230.99 174.97		3.13
OTHER TRANS	652	50,362		159 940 29		3.18	.510	245.31		1.62
OHIER CERVICES	102	30 , 302		159,940.29 93,182.92 1,301.33		206.61	.005	509.20		.94
OTHER SERVICES	103	431		93,102.92		200.01	.003	38.27		
ACUPUNCTURE	34	/2		1,301.33		18.07		38.27		.01
ADULT DAY HEALTH CARE CTR	364	4,249		295 , 689.77		69.59	.043	812.33 105.00		3.00
GENETIC DISEASE TESTING	21	21		2,205.00		105.00	.000	105.00		.02
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	832	15,495		546,466.32		35.27	.157	656.81		5.54
OCCUPATIONAL THERAPIST	0	0		0.0		.00	.000	.00		.00
OPTICIAN	2 336	5 775		60,571.89		10.49	.059	25.93		.61
OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE	2,330	4,174		50,571.69		14.05	.042	127 00		.59
PHISICAL THERAPIST	425	4,1/4		58,639.58 2,228.68				137.98 61.91		
PORTABLE X-RAY	36	/ /		2,228.68		28.94	.001	61.91		.02
PROSTHETIST/ORTHOTISTS	469	897		109,208.11 109,151.10 57.01		121.75 121.82 57.01	.009	232.85		1.11
PROSTHETICS	468	896		109,151.10		121.82	.009	233.23		1.11
ORTHOTICS	1	1		57.01		57.01	.000	57.01		.00
PSYCHOLOGIST	2.6	75		4,930.21		65.74	.001	189.62		.05
SPEECH AND AUDIOLOGY	280	1.197		53.860 72		45 00	.012	192.36		.55
HOSDICE SERVICES	11	1,340		176,259.77		131.54	.014	4005.90		1.79
NONTHEE DERVICES	44	1,340		170,259.77		.00	.000	4003.90		.00
NONINGI BIRIHING CENIERS	1 005	00 401		.00 177,349.04				.00		
LOCAL EDUCATION AGENCIES	1,025	29,481		1//,349.04		6.02	.299	173.02		1.80
EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT.	0	0		.00		.00	.000			.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	0	0		.00 .00 .00 .00 319,112.54		.00	.000	.00		.00
ALL OTHER PROVIDERS	5,294	444.676		319,112,54		.72	4.506			3.23
@CALIF. CHILDREN SERVICES*	873	27,684	\$	1,642,452.43	Ś	59.33		\$ 1881.39	Ġ	16.64
@XOVER EXCLUDING STATE HOSP**				1 200 407 47	Ċ	18.18		\$ 126.06		
					Ą	10.10	. 119	7 120.00	Ą	14.1/
0* TOTALS IN THESE LINES ARE				· ·						
THE AMOUNTS ARE ALREADY IN										
** THESE DATA ARE INCLUDED I										
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES N	MONTH-OF-PAYMENT F	REPORT	FOR JAN 2	2004 THRU DI	EC 2004	PA	GE 14,093
MOP024	FEE-FOR-SERVICE									03/14/05
SHASTA COUNTY			-33 3	35 40 42 3A-3M 3P	3B 311	3W 4C-4G				-, -,
011110 111	SOUTH OF SERV	1010 1010 001 00	JJ .	50 10 12 JA JH JE	510 50	OW 10 1G		NTHLY AVERA	CF -	
OO FOR ELECTRIES	HOEDO	IINITEC OF CERTIFIC	T.	EADEMDIMIDES	74 7 7 77					
90,537 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES						OST PER
		OR DAYS OF CAR	.Ei		PER	ONTT/DAY	PER ELIG	USER	E	LIGIBLE

@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM	50,890 12,371 8,457 3,509 0 4,986	266,299 36,450 11,501 4,100 0 5,772	\$ \$	14,856,084.69 1,504,875.96 483,777.05 147,640.61 .00 298,996.88	\$ \$	55.79 41.29 42.06 36.01 .00 51.80	2.941 .403 .127 .045 .000		291.93 121.65 57.20 42.07 .00 59.97		164.09 16.62 5.34 1.63 .00 3.30
PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT	27 199 97	27 1,500 102		1,242.93 32,238.57 3,658.06		46.03 21.49 35.86	.000 .017 .001		46.03 162.00 37.71		.01 .36 .04
INPATIENT VISITS HOSPITAL VISITS	598 563	2,185 1,725		151,789.06 85,943.27		69.47 49.82	.024		253.83 152.65		1.68 .95
CRITICAL CARE SNF/ICF/TRANS IP CARE	88	428 32		64,321.25 1,524.54		150.28 47.64	.005		730.92 508.18		.71
OPHTHALMOLOGICAL SERVICES EXAMINATIONS	138 137	152 151		6,844.18 6,824.18		45.03 45.19	.002 .002		49.60 49.81		.08
SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY	1 485 356	1 4,600 457		20.00 236,563.23 198,759.40		20.00 51.43 434.92	.000 .051 .005		20.00 487.76 558.31		.00 2.61 2.20
PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST	36 161	36 4,107		5,687.93 32,115.90		158.00 7.82	.003		158.00 199.48		.06
OUTPATIENT SURGERY PRINCIPAL SURGEON	1,204 1,044	8,780 1,256		207,045.82 174,394.18		23.58 138.85	.097		171.96 167.04		2.29 1.93
ASSISTANT SURGEON ANESTHESIOLOGIST	14 237 3	14 7,510		1,601.65 31,049.99		114.40	.000		114.40		.02
DIALYSIS PATHOLOGY RADIOLOGY	283 3 , 739	10 583 6,050		690.48 4,949.19 290,655.98		69.05 8.49 48.04	.000 .006 .067		230.16 17.49 77.74		.01 .05 3.21
PSYCHIATRY IMMUNIZATION AND INJECTION	0 109	0 259		.00 31,820.83		.00 122.86	.000		.00		.00
OTHER SERVICES/ALL X-OVERS @PHARMACY	1,104 25,563	2,330 78,388	\$	90,740.14 3,758,941.17	\$.026 .866	\$	82.19 147.05	\$	1.00
PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS	25,369 12 25,359	62,609 74 62,535		3,696,850.50 10,918.34 3,685,932.16		59.05 147.55 58.94	.692 .001 .691		145.72 909.86 145.35		40.83 .12 40.71
MEDICAL SUPPLIES @DENTIST	733 4,285	15,779 24,731	\$	62,090.67 746,493.56	\$	3.94	.174	\$	84.71 174.21	\$.69 8.25
VISITS - DIAGNOSTIC ORAL SURGERY	3 , 222 697	17,173 1,612		229,562.26 105,571.50		13.37 65.49	.190 .018		71.25 151.47		2.54 1.17
DRUGS ANESTHESIA	80 105 66	140 107 68		2,286.75 10,600.00 6,870.00		16.33 99.07 101.03	.002 .001 .001		28.58 100.95 104.09		.03 .12 .08
PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY	404 1,451	681 4,334		96,648.30 242,007.70		141.92 55.84	.001		239.23 166.79		1.07 2.67
PROSTHETICS DENTURES, STAYPLATES	8 69	7 235		230.00 27,687.91		32.86 117.82	.000		28.75 401.27		.00
SPACE MAINTAINERS MAXILLOFACIAL SERVICES	58 7	74		8,508.00 496.14		114.97	.001		146.69 70.88		.09
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	0 169 60	0 226 67		.00 15,425.00 600.00		.00 68.25 8.96	.000 .002 .001		.00 91.27 10.00		.00 .17 .01
#CALIF DEPT OF HEALTH SERV MOP024		CES AND EXPENDITU	RES	MONTH-OF-PAYMENT R	EPOR'			DEC		PÆ	AGE 14,094 03/14/05
SHASTA COUNTY				35 40 42 3A-3M 3P			MO				
90,537 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

@OPTOMETRIST	1,493	4,374	\$	96,561.66	\$	22.08	.048	\$	64.68	\$	1.07
DIAGNOSTIC AND ANC. PROCED	1,046	1,111		46,685.20		42.02	.012		44.63		.52
EYE APPLIANCES	1,074	3,185		47,425.84		14.89	.035		44.16		.52
OTHER OPTOMETRIC SERVICES		78		2,450.62		31.42	.001		36.04		.03
@CHIROPRACTOR		1,153	\$	19,202.92	\$.013			Ś	.21
VISITS	739 739	1,153	7	19,202.92	7	16.65	.013		25.99	т.	.21
OTHER SERVICES	0	0		.00		.00	.000				.00
@PODIATRIST	4	4	\$	114.90	\$.000			Ś	.00
MEDICINE/INJECTIONS	1	1	۲	114.90	Y	28.73	.000		28.73	Y	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0										
OTHER	•	0	^	.00	<u> </u>	.00	.000		.00	<u>^</u>	.00
@HOME HEALTH AGENCY	263	2,096	\$	75,614.07			.023				.84
NURSE ANESTHESIST	7	87	\$	774.84	\$.001			\$.01
NURSE MIDWIFE	1	2	Ş	186.79	\$	93.40	.000			\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00		.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	76	97 40 , 943	\$	2,538.41	\$.001		33.40		.03
@TOTAL HOSPITAL	8 , 832	40 , 943	\$	5,026,312.69					569.10	\$	55.52
HOSP INPATIENT TOTAL	632	2,847		3,986,549.88		1400.26	.031		6307.83		44.03
HSC HOSPITALS	59	513		751 , 518.08		1464.95	.006		12737.59		8.30
NON-HSC HOSPITAL TOTAL	576	2,334		3,235,031.80		1386.05	.026		5616.37		35.73
ACCOMMODATIONS	576	2,334		1,189,818.11		509.78	.026		2065.66		13.14
ADMINISTRATIVE DAYS	0	. 0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	576	2,334		1,189,818.11		509.78	.026		2065.66		13.14
ANCILLARIES	574	0		2,045,213.69		.00	.000		3563.09		22.59
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
		38,096		1,039,762.81		27.29	.421		122.47		11.48
MEDICAL	2,467	3,355		109,362.15		32.60	.037		44.33		1.21
SURGERY	998	1,211		44,825.30		37.02	.013		44.33		.50
	2 735					12.15					1.29
PATHOLOGY	2,735 2,070 7,262	9,646		117,211.02 150,772.44			.107		42.86		1.29
RADIOLOGY	2,070 7,060	2,746		150,772.44		54.91	.030		72.84		
ROOM USE	•	9,957		365,392.83		36.70	.110		50.32		4.04
CROSSOVERS/ALL OTH OUTPINT	3,610	11,181		252,199.07		22.56	.123		69.86		2.79
@COUNTY HOSPITAL TOTAL	33	112	\$	10,692.93	\$.001	Ş		Ş	.12
CO HOSPITAL INPATIENT TOTAL	2	6		7,860.00		1310.00	.000		3930.00		.09
HSC HOSPITALS	2	6		7,860.00		1310.00	.000		3930.00		.09
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	31	106		2,832.93		26.73	.001		91.38		.03
MEDICAL	18	19		899.51		47.34	.000		49.97		.01
SURGERY	2	2		88.49		44.25	.000		44.25		.00
PATHOLOGY	9	26		233.94		9.00	.000		25.99		.00
RADIOLOGY	6	10		283.57		28.36	.000		47.26		.00
ROOM USE	19	31		1,128.83		36.41	.000		59.41		.01
CROSSOVERS/ALL OTH OUTPTNT		18		198.59		11.03	.000		24.82		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		IDEC M		FDOD			חבי		D7	AGE 14,095
MOP024	FEE-FOR-SERVICE/DE		الاا دست	ONTH OF EMINENT RI	LE OK.	T LOW OWN	ZUUH INKU	רבו	2004	r F	03/14/05
MOPUZ4 SHASTA COINTY	SIIMMARY OF SERVICE/DE		-33 3	5 40 42 31-3M 3D 1	מכ סנ	1 314 10-10	,				03/14/03

SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

SHASTA COUNTY

90,537 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8,800	40,831	\$.,,	\$ 122.84			55.40
COMM HOSP INPATIENT TOTAL	631	2,841		1400.45			43.95
HSC HOSPITALS	57	507	743,658.08			13046.63	8.21
NON-HSC HOSPITALS TOTAL	576	2,334	3,235,031.80			5616.37	
ACCOMMODATIONS	576	2,334	1,189,818.11	509.78		2065.66	13.14
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	576	2,334	1,189,818.11	509.78	.026	2065.66	13.14
ANCILLARIES	574	0	2,045,213.69	.00	.000	3563.09	22.59
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8,459	37 , 990	1,036,929.88		.420	122.58	11.45
MEDICAL	2,449	3 , 336	108,462.64	32.51	.037	44.29	1.20
SURGERY	996	1,209	44,736.81	37.00	.013	44.92	.49
PATHOLOGY	2,726	9,620	116,977.08		.106	42.91	1.29
RADIOLOGY	2,064	2,736	150,488.87	55.00	.030	72.91	1.66
ROOM USE	7,243	9,926	364,264.00	36.70	.110	50.29	4.02
CROSSOVERS/ALL OTH OUTPINT	3,602	11,163	252,000.48	22.57	.123	69.96	2.78
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	21	\$ 12,277.80	\$ 584.66	.000	\$ 6138.90	\$.14
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	2	21	12,277.80	584.66	.000	6138.90	.14
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

----- MONTHLY AVERAGE -----

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	40	323	\$	5,090.99	\$	15.76	.004	\$	127.27	\$.06
HOSPITAL BASED	14	87		1,908.89		21.94	.001		136.35		.02
INDEPENDENT FACILITY	26	236		3,182.10		13.48	.003		122.39		.04
@LABORATORY FACILITY	3 , 602	11,714	\$	163,371.00	\$	13.95	.129	\$	45.36	\$	1.80
PATHOLOGY	3,602	11,714		163,371.00		13.95	.129		45.36		1.80
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	20,172	29 , 318	\$	3,023,928.21	\$	103.14	.324	\$	149.91	\$	33.40
CLINIC	1,043	2,799		84,358.58		30.14	.031		80.88		.93
SURGICENTER	126	482		20,095.26		41.69	.005		159.49		.22
HEROIN DETOX CLINIC	1	2		29.20		14.60	.000		29.20		.00
RURAL HEALTH CLINIC	19 , 201	26 , 035		2,919,445.17		112.14	.288		152.05		32.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES N	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2004 THRU	DEC	2004	ΡZ	AGE 14,096
MOP024	FEE-FOR-SERVICE/DE	NTAL									03/14/05
SHASTA COUNTY	SUMMARY OF SERVICE	S FOR CGF 30	-33 3	35 40 42 3A-3M 3P	3R 3U	3W 4C-4G					

----- MONTHLY AVERAGE -----

AVERAGE COST UNITS/DAYS COST PER 90,537 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 5,301 419,799.72 @ALL OTHER PROVIDERS 36**,**598 11.47 .404 \$ 79.19 \$ DURABLE MED. EQUIP. 256 614 37,206.94 60.60 .007 145.34 BLOOD BANK 0 0 .00 .00 .000 .00 80 151 8,612.59 57.04 107.66 HEARING AID DISPENSERS .002 .10 8,657 618 19.11 267.73 MEDICAL TRANSPORTATION 165,458.79 .096 1.83 611 AMBULANCES/AIR TRANS 7,935 113,919.73 14.36 .088 186.45 OTHER TRANS 682 2,383.41 3.49 .008 340.49 .03 40 OTHER SERVICES 40 49,155.65 1228.89 .000 1228.89 35.14 ACUPUNCTURE 70.28 23.43 .000 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 105.00 106.31 GENETIC DISEASE TESTING 8,505.00 .001 .09 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 OCCUPATIONAL THERAPIST 1 9 93.75 10.42 .000 93.75 .00 OPTICIAN 1,087 2,395 21,460.41 8.96 .026 19.74 .24 1,593 23,052.78 138.04 PHYSICAL THERAPIST 14.47 .018 22.60 1 .000 45.20 PORTABLE X-RAY 45.20 .00 PROSTHETIST/ORTHOTISTS 172 233 22,180.23 95.19 .003 128.95 .24 232 95.09 129.01 PROSTHETICS 22,061.51 .003 1 1 118.72 .000 118.72 ORTHOTICS 118.72 .00 PSYCHOLOGIST 6 26 1,766.55 67.94 .000 294.43 .02 196.17 19,813.18 53.69 .22 SPEECH AND AUDIOLOGY .004 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 0 .000 .00 NONINST BIRTHING CENTERS 0 .00 2,704 10,513 104,866.45 9.97 .116 LOCAL EDUCATION AGENCIES 38.78 EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .000 .00 .00 0 .00 .00 RESPIRATORY CARE PRACT. .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .000 .56 ALL OTHER PROVIDERS 165 11,952 6,667.57 .132 40.41 .07 @CALIF. CHILDREN SERVICES* 286 5,865 1,226,781.50 209.17 .065 \$ 4289.45 \$ 13.55 @XOVER EXCLUDING STATE HOSP** 183.67 13.12 .000 \$ 26.24 \$

^{0*} Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,097 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

SHASTA COUNTY	SUMMARY OF SER	VICES FOR CASH GRANT -	- TOTAL				~=
							GE
201,689 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	148 , 677	2 , 238 , 706 \$	89,487,264.05	\$ 39.97	11.100	\$ 601.89	\$ 443.69
@PHYSICIANS SERVICES	38 , 572	147,388 \$	5,685,472.13	\$ 38.57	.731	\$ 147.40	\$ 28.19
OUTPATIENT VISITS	18,779	25 , 872	1,161,471.96	44.89	.128	61.85	5.76
OFFICE VISITS	9,223	11,528	389,019.26	33.75	.057	42.18	1.93
HOME VISITS	, 4	. 12	438.40	36.53	.000	109.60	.00
EMERGENCY ROOM	9,908	12,276	721,044.88	58.74	.061	72.77	3.58
PREVENTIVE CARE	28	28	1,299.85	46.42	.000	46.42	.01
OB VISITS/COMPRE PERI	233	1,618	36,540.37	22.58	.008	156.83	.18
OTHER OUTPATIENT	375	410	13,129.20	32.02	.002	35.01	.07
INPATIENT VISITS	2,417	10,256	564,023.13	54.99	.051	233.36	2.80
HOSPITAL VISITS	2,057	8,466	377,211.53	44.56	.042	183.38	1.87
	334	•	177,059.34				.88
CRITICAL CARE	291	1,345		131.64	.007	530.12	
SNF/ICF/TRANS IP CARE		445	9,752.26	21.92	.002	33.51	.05
OPHTHALMOLOGICAL SERVICES	590	668	28,869.57	43.22	.003	48.93	.14
EXAMINATIONS	587	665	28,794.28	43.30	.003	49.05	.14
SERVICES AND MATERIALS	3	3	75.29	25.10	.000	25.10	.00
INPATIENT HOSPITAL SURGERY	1,336	19,020	663,078.45	34.86	.094	496.32	3.29
PRINCIPAL SURGEON	962	1,414	531 , 476.77	375.87	.007	552.47	2.64
ASSISTANT SURGEON	156	158	27,987.61	177.14	.001	179.41	.14
ANESTHESIOLOGIST	441	17,448	103,614.07	5.94	.087	234.95	.51
OUTPATIENT SURGERY	3,345	27,484	699,033.01	25.43	.136	208.98	3.47
PRINCIPAL SURGEON	2,953	3,861	611,277.81	158.32	.019	207.00	3.03
ASSISTANT SURGEON	56	56	7,152.58	127.72	.000	127.72	.04
ANESTHESIOLOGIST	571	23,567	80,602.62	3.42	.117	141.16	.40
DIALYSIS	127	384	32,425.15	84.44	.002	255.32	.16
PATHOLOGY	1,215	2,376	20,535.54	8.64	.012	16.90	.10
RADIOLOGY	11,277	21,386	1,304,435.42	60.99	.106	115.67	6.47
PSYCHIATRY	5	5	290.81	58.16	.000	58.16	.00
IMMUNIZATION AND INJECTION	904	3,956	421,016.92	106.42	.020	465.73	2.09
OTHER SERVICES/ALL X-OVERS	13,409	35,981	790,292.17	21.96	.178	58.94	3.92
@PHARMACY	104,600	989,068 \$	42,381,214.68	\$ 42.85	4.904		
PRESCRIPTION DRUGS	103,533	455,085	41,311,259.83	90.78	2.256	399.02	204.83
		•			.062	692.68	5.55
SNF/ICF	1,617	12,408 442,677	1,120,065.11	90.27 90.79	2.195	393.73	199.27
OUTPATIENTS	102,077 7,995	•	40,191,194.72				5.30
MEDICAL SUPPLIES		533,983	1,069,954.85	2.00	2.648	133.83	
@DENTIST	9,203	47,572 \$		\$ 35.00	.236		
VISITS - DIAGNOSTIC	6,445	31,468	395,732.78	12.58	.156	61.40	1.96
ORAL SURGERY	1,505	3,968	236,584.75	59.62	.020	157.20	1.17
DRUGS	143	270	4,076.75	15.10	.001	28.51	.02
ANESTHESIA	220	224	21,200.00	94.64	.001	96.36	.11
PERIODONTICS	358	379	38,008.00	100.28	.002	106.17	.19
ENDODONTICS	705	1 , 169	206,126.05	176.33	.006	292.38	1.02
RESTORATIVE DENTISTRY	2,695	7,420	468,917.70	63.20	.037	174.00	2.32
PROSTHETICS	49	50	1,940.00	38.80	.000	39.59	.01
DENTURES, STAYPLATES	753	2,011	258,400.13	128.49	.010	343.16	1.28
SPACE MAINTAINERS	60	76	8,730.00	114.87	.000	145.50	.04
MAXILLOFACIAL SERVICES	13	16	997.52	62.35	.000	76.73	.00
FRACTURES, DISLOCATIONS	4	5	3,187.84	637.57	.000	796.96	.02
ORTHODONTIC SERVICES	207	279	20,170.00	72.29	.001	97.44	.10
ALL OTHER SERVICES	166	237	750.00	3.16	.001	4.52	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,098 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

SHASTA COUNTY	SUMMARY OF SERV	/ICES FOR CASH GR	AN'I' -	· TOTAL		M	ONTIT		CE.	
001 600 51 16151 56					 			HLY AVERA	GE.	
201,689 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ERAGE COST					COST PER
	. =	OR DAYS OF CARE			R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	4,592	13,322	\$	293,510.67	\$ 22.03	.066	Ş	63.92	Ş	1.46
DIAGNOSTIC AND ANC. PROCED	2,431	2,563		107,521.51	41.95	.013		44.23		.53
EYE APPLIANCES	3,425	10,003		170,940.34	17.09	.050		49.91		.85
OTHER OPTOMETRIC SERVICES	450	756		15,048.82	19.91	.004		33.44		.07
@CHIROPRACTOR	2,122	3,333	\$		\$.017	\$	25.92	\$.27
VISITS	2,015	3 , 179		52 , 969.16	16.66	.016		26.29		.26
VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	110	154		2,027.69	13.17	.001		18.43		.01
@PODIATRIST	175	220	\$	4,646.88	\$ 21.12	.001	\$	26.55	\$.02
MEDICINE/INJECTIONS	100	111		2,816.74	25.38	.001		28.17		.01
SURGERY/ANES.	2	3		743.59	247.86	.000		371.80		.00
RADIO./PATHOLOGY	1	1		17.30	17.30	.000		17.30		.00
OTHER	74	105		1,069.25	10.18	.001		14.45		.01
@HOME HEALTH AGENCY	887	25,912	\$	-	\$ 34.63	.128	Ś	1011.74	Ś	4.45
NURSE ANESTHESIST	30	554	\$	•	\$ 5.72	.003		105.66	\$.02
NURSE MIDWIFE	1	2	\$	186.79	\$ 93.40	.000		186.79	\$.00
PEDIATRIC NURSE PRACTITIONER		2CR		24.00CF	12.00	.000			\$.00
FAMILY NURSE PRACTITIONER	271	381	\$		\$ 24.55	.002		34.52		.05
@TOTAL HOSPITAL	21,058	116,956	۶ \$		172.68	.580		959.05	ې خ	100.13
-	2,469	10,080	Ş			.050	Ş	6960.97	Ą	85.21
HOSP INPATIENT TOTAL		•		17,186,637.09	1705.02					
HSC HOSPITALS	192	1,420		2,115,841.85	1490.03	.007		11020.01		10.49
NON-HSC HOSPITAL TOTAL	1,723	8,660		14,569,732.82	1682.42	.043		8456.03		72.24
ACCOMMODATIONS	1,716	8,660		3,986,959.17	460.39	.043		2323.40		19.77
ADMINISTRATIVE DAYS	8	81		17,831.91	220.15	.000		2228.99		.09
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	1,710	8 , 579		3,969,127.26	462.66	.043		2321.13		19.68
ANCILLARIES	1,721	0		10,582,773.65	.00	.000		6149.20		52.47
INPATIENT CROSSOVERS	570	0		501,062.42	.00	.000		879.06		2.48
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	19 , 390	106,876		3,008,969.19	28.15	.530		155.18		14.92
MEDICAL	6 , 150	9,670		341,125.54	35.28	.048		55.47		1.69
SURGERY	2,173	2,577		95,689.40	37.13	.013		44.04		.47
PATHOLOGY	6,361	28,921		333,187.83	11.52	.143		52.38		1.65
RADIOLOGY	4,911	7,380		491,771.46	66.64	.037		100.14		2.44
ROOM USE	13,509	19,098		711,325.98	37.25	.095		52.66		3.53
CROSSOVERS/ALL OTH OUTPTNT		39,230		1,035,868.98	26.41	.195		102.88		5.14
@COUNTY HOSPITAL TOTAL	133	482	Ś		\$.002	Ś		Ś	.16
CO HOSPITAL INPATIENT TOTAL		12	т	17,169.97	1430.83	.000	Ψ.	2861.66	т	.09
HSC HOSPITALS	4	8		10,372.00	1296.50	.000		2593.00		.05
NON-HSC HOSPITALS TOTAL	2	4		6,797.97	1699.49	.000		3398.99		.03
ACCOMMODATIONS	2	4		2,565.00	641.25	.000		1282.50		.01
	0	4		2,363.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0								.00
TRANSITIONAL IP CARE		U		.00	.00	.000		.00		
ALL OTHER ACCOM	2 2	4		2,565.00	641.25	.000		1282.50		.01
ANCILLARIES		0		4,232.97	.00	.000		2116.49		.02
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
	129	470		15,037.74	32.00	.002		116.57		.07
MEDICAL	67	98		5,080.71	51.84	.000		75.83		.03
SURGERY	6	8		570.28	71.29	.000		95.05		.00
PATHOLOGY	42	166		1,884.50	11.35	.001		44.87		.01

RADIOLOGY 25 41 2,488.89 60.70 .000 99.56 .01 90 ROOM USE 63 3,415.30 37.95 .000 54.21 .02 CROSSOVERS/ALL OTH OUTPTNT 35 67 1,598.06 23.85 .000 45.66 .01 PAGE 14,099

03/14/05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

SHASTA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

SHASTA COUNTY	SUMMARY OF SER	VICES FOR CASH GRANT	- TOTAL					
					MON'			
201,689 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				OST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	20 , 937	116,474 \$	20,163,398.57	\$ 173.12		963.05	\$	99.97
COMM HOSP INPATIENT TOTAL	2,464	10,068	17,169,467.12	1705.35	.050	6968.13		85.13
HSC HOSPITALS	188	1,412	2,105,469.85	1491.13	.007	11199.31		10.44
NON-HSC HOSPITALS TOTAL	1,721	8,656		1682.41	.043	8461.90		72.20
ACCOMMODATIONS	1,714	8,656	3,984,394.17	460.30	.043	2324.62		19.76
ADMINISTRATIVE DAYS	. 8	81	17,831.91	220.15	.000	2228.99		.09
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	1,708	8,575	3,966,562.26	4CO E7	.043	2322.34		19.67
ANCILLARIES	1,719	0	10,578,540.68	.00	.000	6153.89		52.45
INPATIENT CROSSOVERS	570	0	501.062.42	. 0.0	.000	879.06		2.48
ALL OTHER INPATTENT	0	0	.00	. 0.0	.000	.00		.00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	19.269	8,656 8,656 81 0 8,575 0 0 106,406 9,572 2,569 28,755 7,339	2.993.931 45	28 14		155 38		14.84
MEDICAL.	6 086	9 572	336 044 83	35 11	.047	155.38 55.22		1.67
SIIRCERY	2 167	2 569	95 119 12	37 03	.013	43.89		.47
PATHOLOGY	6 320	2 , 303	331 303 33	11 52	.143	52.42		1.64
RADIOLOGY	4 887	7,339	489,282.57	66 67	.036	100.12		2.43
DOOM HEE	12 /51	19,008	707,910.68	37 24	.094	52.63		3.51
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	10,431	19 , 000	1,034,270.92	462.37 .00 .00 .00 28.14 35.11 37.03 11.52 66.67 37.24 26.41	.194	103.08		5.13
CROSSOVERS/ALL OIR OUIFINI	10,034	0 \$.00	\$.00	.000 \$		ċ	.00
WENDALLY III	0	0 3	.00	.00	.000	.00	Ą	.00
MENTALLY ILL	0	0	.00	.00				
DEVELOP. DISABLED	C 1 C	39,163 0 \$ 0 0 15,009 \$ 1,311	.00		.000	.00	ċ	.00
UNURSING FACILITY	646	15,009 \$	2,253,415.04	\$ 150.14		3488.26	Ş	11.17
LEV A-INTERMEDIATE	45	1 - 3 1		90.00	.007	2621.92		.58
LEV B-REHAB MD	38	1,141	142,622.85	125.00	.006	3753.23		.71
LEV B-SUBACUTE FREESTANDING	2	1,141 21 335 0 12,201	12,277.80	584.66		6138.90		.06
LEV B-SUBACUTE HSPTL BASED	13	335	188,625.20	563.06	.002	14509.63		.94
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	556	12,201	1,791,902.92	146.87	.060	3222.85		8.88
@INTERMEDIATE CARE FACILDD	608	18,0/3 >		\$ 182.44		5603.23	\$	16.89
ICF DDH	408	12,323	2,095,915.17	170.08	.061	5137.05		10.39
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	202	6,350	1,310,847.21	206.43	.031	6489.34		6.50
@HEMODIALYSIS TOTAL	370	10,250 \$	528,164.16		.051 \$	1427.47	\$	2.62
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	370	10,250	528,164.16	51.53	.051	1427.47		2.62
@REHABILITATION FACILITY	280	3,739 \$	44,937.24	\$ 12.02	.019 \$	160.49	\$.22
HOSPITAL BASED	29	178	3,866.62	21.72	.001	133.33		.02
INDEPENDENT FACILITY	251	3,561	41,070.62	21.72 11.53	.018	163.63		.20
@LABORATORY FACILITY	12,395	51,438 \$	622,294.31		.255 \$		\$	3.09
PATHOLOGY	11,975	50,633	601,177.15		.251	50.20		2.98
CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DDD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY QLABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	420	50 , 633 805	21,117.16	11.87 26.23 \$ 88.75 27.17 57.63 12.08	.004	50.28		.10
@ORGANIZED OUTPATIENT CLINIC	51.756	81 , 257 \$	7,211,527.91	\$ 88.75	.403 \$		Ś	35.76
CLINIC	1.587	4,488	121,951.51	27 17	.022	76.84	7	.60
SURGICENTER	4,007 650	2,122	122,292.82	57 63	.011	188.14		.61
HEROIN DETOX CLINIC	2	81	978.53	12.08	.000	122.32		.00
@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	50 062	74,566	6,966,305.05	93.42	.370	139.14		34.54
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIT			PDORT FOR TANG			DΛ	GE 14,100
#CVDIE DREI OF HEVDIH SEVA	HEDT CUT SEKAT	CEO MIND EVERNATIONES M	ONTH OF EATHERT KI	LIONI FON UAN	ZOOT IIINO DE	2 2004	ΕA	3E 14,100

SHASIA COUNTI	SOUTHAINT OF SELV	VICES FOR CASH GRANT	IOIAL				
					MON	THLY AVERA	GE
201,689 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	22,334	713,634 \$	4,229,792.43	\$ 5.93	3.538 \$	189.39	\$ 20.97
DURABLE MED. EQUIP.	2,606	10,017	1,014,865.41	101.31	.050	389.43	5.03
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	538	1,049	107,152.84	102.15	.005	199.17	.53
MEDICAL TRANSPORTATION	3,309	93,061	783,936.20	8.42	.461	236.91	3.89
AMBULANCES/AIR TRANS	2,421	27,022	430,289.19	15.92	.134	177.73	2.13
OTHER TRANS	864	65 , 167	204,423.74	3.14	.323	236.60	1.01
OTHER SERVICES	277	872	149,223.27	171.13	.004	538.71	.74
ACUPUNCTURE	48	107	1,912.27	17.87	.001	39.84	.01
ADULT DAY HEALTH CARE CTR	443	5,087	353 , 997.81	69.59	.025	799.09	1.76
GENETIC DISEASE TESTING	101	102	10,710.00	105.00	.001	106.04	.05
IHMC, MODEL-NF, NF, AIDS, MSSP	1,264	18,079	689,802.38	38.15	.090	545.73	3.42
OCCUPATIONAL THERAPIST	1	9	93.75	10.42	.000	93.75	.00
OPTICIAN	3,738	8,914	97,249.41	10.91	.044	26.02	.48
PHYSICAL THERAPIST	598	5 , 817	82 , 284.77	14.15	.029	137.60	.41
PORTABLE X-RAY	38	82	2,278.42	27.79	.000	59.96	.01
PROSTHETIST/ORTHOTISTS	656	1,164	133,782.51	114.93	.006	203.94	.66
PROSTHETICS	654	1,162	133,606.78	114.98	.006	204.29	.66
ORTHOTICS	2	2	175.73	87.87	.000	87.87	.00
PSYCHOLOGIST	34	109	7,171.68	65.80	.001	210.93	.04
SPEECH AND AUDIOLOGY	430	1,643	79,047.48	48.11	.008	183.83	.39
HOSPICE SERVICES	46	1,405	184,502.33	131.32	.007	4010.92	.91
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3 , 738	40 , 878	286,941.94	7.02	.203	76.76	1.42
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	7,054	526 , 111	394,063.23	.75	2.609	55.86	1.95
@CALIF. CHILDREN SERVICES*	1,192	34,050	\$ 2,890,090.86	\$ 84.88	.169	\$ 2424.57	\$ 14.33
@XOVER EXCLUDING STATE HOSP**	14,741	103,999	\$ 1,908,953.25	\$ 18.36	.516	\$ 129.50	\$ 9.46

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,101 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MOPU24	FEE-FOR-SERVIC						03/14/05
SHASTA COUNTY	SUMMARY OF SER	JICES FOR 185% PROGRA	M - INFANTS	AID CODES 47	69		
					MON	THLY AVERA	GE
2,459 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,294	4,319 \$	567,463.65	\$ 131.39	1.756 \$	438.53	\$ 230.77
@PHYSICIANS SERVICES	363	846 \$	75,882.22	\$ 89.70	.344 \$		
OUTPATIENT VISITS	257	324	13,135.65	40.54	.132	51.11	5.34
OFFICE VISITS	113	145	4,799.30	33.10	.059	42.47	1.95
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	132	150	7,317.47	48.78	.061	55.44	2.98
PREVENTIVE CARE	19	22	753.82	34.26	.009	39.67	.31
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
	7	7					
OTHER OUTPATIENT	·		265.06	37.87	.003	37.87	.11
INPATIENT VISITS	41	227	41,496.94	182.81	.092	1012.12	16.88
HOSPITAL VISITS	29	81	4,501.10	55.57	.033	155.21	1.83
CRITICAL CARE	18	146	36,995.84	253.40	.059	2055.32	15.05
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	6	221.97	37.00	.002	37.00	.09
EXAMINATIONS	6	6	221.97	37.00	.002	37.00	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	91	13,630.71	149.79	.037	1135.89	5.54
PRINCIPAL SURGEON	10	16	10,844.76	677.80	.007	1084.48	4.41
ASSISTANT SURGEON	2	3	610.60	203.53	.001	305.30	.25
ANESTHESIOLOGIST	4	72	2,175.35	30.21	.029	543.84	.88
OUTPATIENT SURGERY	10	21	998.57	47.55	.009	99.86	.41
PRINCIPAL SURGEON	8	8	677.32	84.67	.003	84.67	.28
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	13	321.25	24.71	.005	160.63	.13
DIALYSIS	1	3	302.43	100.81	.001	302.43	.12
PATHOLOGY	10	15	140.89	9.39	.006	14.09	.06
RADIOLOGY	73	102	2,308.29	22.63	.041	31.62	.94
PSYCHIATRY	, 0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	34	57	3,646.77	63.98	.023	107.26	1.48
@PHARMACY	475	834 \$	40,487.65	\$ 48.55	.339 \$		
PRESCRIPTION DRUGS	467	774	38,470.74	49.70	.315	82.38	15.64
SNF/ICF	0	0	.00	.00	.000	.00	.00
	467	774			.315	82.38	15.64
OUTPATIENTS	30		38,470.74	49.70 33.62		67.23	
MEDICAL SUPPLIES		60	2,016.91		.024		.82
@DENTIST	0	0 \$.00	\$.00	.000 \$		
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES MO	ONTH-OF-PAYMENT REPO	RT FOR JAN 20	04 THRU DE	C 2004	PAGE 14,102
MOP024	FEE-FOR-SERVICE/DENTA	AL					03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES I	FOR 185% PROGRAM	4 - INFANTS A	ID CODES 47 6	9		
				_	MON	THLY AVERAG	E
2,459 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES A	VERAGE COST U	NITS/DAYS	COST PER	COST PER

SHASIA COUNTI	SUMMARI OF SERV	ICES FOR	100% PR	OGRAM -	INFANIS	AI.	D CODES 47	09				
								Mo	ГИC	'HLY AVERA	GΕ	
2,459 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY:	S	COST PER		COST PER
•		OR DAYS	OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	OIC DIIID	1	\$	32.80	Ś	32.80	.000		32.80	Ċ	.01
				Ş		ş			Ą		Ą	
DIAGNOSTIC AND ANC. PROCED	1		1		32.80		32.80	.000		32.80		.01
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
-	0		0	Y		Ÿ			Y		Y	
VISITS	U				.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
	0		0									
RADIO./PATHOLOGY	Ü		-		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	5		215	\$	6,949.37	\$	32.32	.087	\$	1389.87	\$	2.83
NURSE ANESTHESIST	0		0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000		.00	\$.00
	•			۲								
PEDIATRIC NURSE PRACTITIONER	•		0	Ş	.00	\$.00		\$.00		.00
FAMILY NURSE PRACTITIONER	1		2	\$	52.36	\$	26.18	.001	\$	52.36		.02
@TOTAL HOSPITAL	291		959	\$	323,953.49	\$	337.80	.390	\$	1113.24	\$	131.74
HOSP INPATIENT TOTAL	29		215		301,327.22		1401.52	.087		10390.59		122.54
HSC HOSPITALS	14		175		250,171.00		1429.55	.071		17869.36		101.74
NON-HSC HOSPITAL TOTAL	16		40		51,156.22		1278.91	.016		3197.26		20.80
ACCOMMODATIONS	16		40		23 , 597.67		589.94	.016		1474.85		9.60
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	16		40		23,597.67		589.94	.016		1474.85		9.60
ANCILLARIES	16		0		27 , 558.55		.00	.000		1722.41		11.21
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	268		744		22,626.27		30.41	.303		84.43		9.20
MEDICAL	132		189		5,942.52		31.44	.077		45.02		2.42
	8		8									
SURGERY					296.71		37.09	.003		37.09		.12
PATHOLOGY	40		121		1,739.08		14.37	.049		43.48		.71
RADIOLOGY	40		42		3,296.40		78.49	.017		82.41		1.34
ROOM USE	247		320		10,252.67		32.04	.130		41.51		4.17
CROSSOVERS/ALL OTH OUTPTNT			64		1,098.89		17.17	.026		22.43		.45
	0			ć		Ċ			Ċ		ċ	
@COUNTY HOSPITAL TOTAL	7		0	\$.00	\$.00	.000	Þ	.00	Þ	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		Ö		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	•											.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
*	ű		-									

INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	0 0 0	0 0 0 0		.00 .00 .00 .00	.00 .00 .00	.000 .000 .000 .000	.00 .00 .00 .00	.00 .00 .00 .00
SURGERY	0	0						
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	•		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	5 MON'I	'H-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	
MOP024	FEE-FOR-SERVICE					6.0		03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR 185% PROG	JRAM -	· INFANTS	AID CODES 4/			-
0 450 51 5655 56							ITHLY AVERAC	
	USERS			EXPENDITURES	AVERAGE COST PER UNIT/DAY		USER	COST PER
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	201	OR DAYS OF CARE		222 052 40				ELIGIBLE
GCOMMUNITY HOSPITAL TOTAL	291	959 \$?		\$ 337.80		1113.24	
COMM HOSP INPATIENT TOTAL	∠9	215		301,327.22	1401.52	.087	10390.59	122.54
HSC HOSPITALS	14	175		250,171.00	1429.55	.071	17869.36	101.74
NON-HSC HOSPITALS TOTAL	16	40		250,171.00 51,156.22 23,597.67	12/8.91	.016	3197.26	20.80
ACCOMMODATIONS	16	40			589.94		1474.85	9.60
ADMINISTRATIVE DAYS	16 0 0 16 16	40 40 0 0 40 0 0 0 744		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	40		23,597.67			1474.85	9.60
ANCILLARIES	16	0		27,558.55	.00	.000	1722.41	11.21
INPALLENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0 268	0		.00	.00 30.41	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	268	744		22,626.27	30.41	.303	84.43	9.20
MEDICAL	132	109		5,942.52	31.44	.077	45.02	2.42
SURGERY	8	8		296.71	31.09	.003	37.09	.12
PATHOLOGY	40	121		1,739.08	14.37	.049	43.48	.71
RADIOLOGY	40	42		3,296.40	78.49	.017	82.41	1.34
ROOM USE	247	320		10,252.67	32.04	.130	41.51	4.17
CROSSOVERS/ALL OTH OUTPINT	49	64		1,098.89	17.17	.026	22.43	.45
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	5	.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	3	.00	\$.00	.000	.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$	3	.00	\$.00	.000	.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	4	16 \$	\$	258.41	\$ 16.15	.007	64.60	\$.11
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	4	16		258.41	16.15	.007	64.60	.11
@LABORATORY FACILITY	39	73 \$	\$	596.77	\$ 8.17	.030	15.30	\$.24
PATHOLOGY	39	73		596.77	8.17	.030	15.30	.24
XO AND OTHERS	0	0		.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	662	903 \$	105,150.69	\$ 116.45	.367 \$	158.84	\$ 42.76	
CLINIC	21	55	495.00	9.00	.022	23.57	.20	
SURGICENTER	0	0	.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0	.00		.000	.00	.00	
RURAL HEALTH CLINIC	643	848	104,655.69		.345		42.56	
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON						
			NIH-OF-PAIMENI F	REPORT FOR JAN	ZUU4 IRKU DE	2004	•	
MOP024	FEE-FOR-SERVICE						03/14/05	
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	- INFANTS	AID CODES 4				
					MON'			
2,459 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	29	470 \$	14,099.89	\$ 30.00	.191 \$	486.20	\$ 5.73	
DURABLE MED. EOUIP.	10	10	575.88		.004	57.59	.23	
BIOOD BANK	0	0	.00		.000	.00	.00	
HEADING AID DIGDENGEDG	1	2	99.99		.001	99.99	.04	
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	14	448	13,109.49		.182	936.39	5.33	
AMBULANCES/AIR TRANS	14							
		445	8,234.49		.181	686.21	3.35	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	3	3	4,875.00			1625.00	1.98	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00		.000	.00	.00	
OPTICIAN	0	0	.00		.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00		.000	.00	.00	
	0	0	.00		.000	.00	.00	
PORTABLE X-RAY	0	0						
PROSTHETIST/ORTHOTISTS	U	U	.00		.000	.00	.00	
PROSTHETICS	0	0	.00		.000	.00	.00	
ORTHOTICS	0	0	.00		.000	.00	.00	
PSYCHOLOGIST	0	0	.00		.000	.00	.00	
SPEECH AND AUDIOLOGY	2	4	275.02	68.76	.002	137.51	.11	
HOSPICE SERVICES	0	0	.00		.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00		.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	Ô	0	.00		.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00		.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00		.000	.00	.00	
	0							
ALL OTHER PROVIDERS	6	6	39.51		.002	6.59	.02	
@CALIF. CHILDREN SERVICES*	43	1,519 \$		\$ 157.03	·	5547.16	•	
@XOVER EXCLUDING STATE HOSP**		0 \$.00	\$.00	.000 \$.00	\$.00	
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPAR	ATE INFORMATION ITEM ON	JLY;					
THE AMOUNTS ARE ALREADY IN	ICLUDED IN THE AP	PROPRIATE DETAIL LINES	ABOVE.					
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	'E DETAIL LINES ABOVE.						
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	TH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU DE	C 2004	PAGE 14,105	
MOP024	FEE-FOR-SERVICE						03/14/05	
SHASTA COUNTY		ICES FOR 185% PROGRAM	- PRECNANT Z	AID CODES 44 4	8 49		03/11/00	
SHASIA COUNTI	SOMMANT OF SERV	TODO FOR TOO FROM	INEGNANI	AID CODED 44 4		תמשעע אנובים	CF	
2 262 FLIGTRIFG	HOPPO	IDITED OF SERVICE		ATTERNACE COC	MON'			
3,262 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		T UNITS/DAYS		COST PER	
0-0		OR DAYS OF CARE	1 040 541	PER UNIT/DA		USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	2,945	22,177 \$	1,943,641.25		6.799 \$			
@PHYSICIANS SERVICES	1,200	5 , 006 \$	278 , 652.96		1.535 \$			
OUTPATIENT VISITS	489	2,800	69,022.57		.858	141.15	21.16	
OFFICE VISITS	94	102	4,775.21	46.82	.031	50.80	1.46	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	82	98	6,164.31	62.90	.030	75.17	1.89	
	0.2	3 0	2, 201.01	32.30			=•00	

PREVENTIVE CARE	1	1	34.69	34.69	.000	34.69	.01
OB VISITS/COMPRE PERI	334	2 , 597	57 , 972.60	22.32	.796	173.57	17.77
OTHER OUTPATIENT	2	2	75.76	37.88	.001	37.88	.02
INPATIENT VISITS	197	618	47,633.74	77.08	.189	241.80	14.60
HOSPITAL VISITS	184	429	20,798.61	48.48	.132	113.04	6.38
CRITICAL CARE	30	189	26,835.13	141.98	.058	894.50	8.23
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	233	460	114,524.37	248.97	.141	491.52	35.11
PRINCIPAL SURGEON	176	180	101,322.55	562.90	.055	575.70	31.06
ASSISTANT SURGEON	18	18	3,287.80	182.66	.006	182.66	1.01
ANESTHESIOLOGIST	62	262	9,914.02	37.84	.080	159.90	3.04
OUTPATIENT SURGERY	73	228	9,223.85	40.46	.070	126.35	2.83
PRINCIPAL SURGEON	63	104	7,802.56	75.02	.032	123.85	2.39
ASSISTANT SURGEON	1	1	93.08	93.08	.000	93.08	.03
ANESTHESIOLOGIST	11	123	1,328.21	10.80	.038	120.75	.41
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	78	134	2,113.70	15.77	.041	27.10	.65
RADIOLOGY	493	650	30,670.30	47.19	.199	62.21	9.40
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	8	576.22	72.03	.002	82.32	.18
OTHER SERVICES/ALL X-OVERS	95	108	4,888.21	45.26	.033	51.45	1.50
@PHARMACY	725	1 , 565	\$ 64 , 298.17	\$ 41.09	.480	\$ 88.69	\$ 19.71
PRESCRIPTION DRUGS	696	1,420	56 , 099.62	39.51	.435	80.60	17.20
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	696	1,420	56 , 099.62	39.51	.435	80.60	17.20
MEDICAL SUPPLIES	56	145	8,198.55	56.54	.044	146.40	2.51
@DENTIST	30	124	\$ 2,458.00	\$ 19.82	.038	\$ 81.93	\$.75
VISITS - DIAGNOSTIC	24	90	456.00	5.07	.028	19.00	.14
ORAL SURGERY	7	17	703.00	41.35	.005	100.43	.22

PDIICO	2	4		20.00		7 50	0.01		1 - 00		0.1
DRUGS	2	4		30.00		7.50	.001		15.00		.01
ANESTHESIA	2	2		100.00		50.00	.001		50.00		.03
PERIODONTICS	3	3		118.00		39.33	.001		39.33		.04
ENDODONTICS	3	6		948.00		158.00	.002		316.00		.29
RESTORATIVE DENTISTRY	2	2		103.00		51.50	.001		51.50		.03
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0									
FRACTURES, DISLOCATIONS	U	U		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	U	U		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	INOM	'H-OF-PAYMENT RE	EPOR:	r for Jan 2	2004 THRU :	DEC	2004	P	AGE 14,106
MOP024	FEE-FOR-SERVICE	I/DENTAL									03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR 185% PROG	RAM -	PREGNANT A	ID C	DES 44 48	49				
							M	TNC	HLY AVERA	GE.	
3,262 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY		COST PER		COST PER
0,202 221012220	00210	OR DAYS OF CARE		2111 2112 11 01120		R UNIT/DAY		_	USER		ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000	Ċ	.00		.00
-	0	0 9	'		۲			۲		ې	
DIAGNOSTIC AND ANC. PROCED	-			.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
	148	227 \$			ċ	51.61	.070	Ċ		<u>_</u>	3.59
@HOME HEALTH AGENCY			'		\$						
NURSE ANESTHESIST	3	16 \$		438.15	\$			\$		\$.13
NURSE MIDWIFE	2	4 \$		244.68	\$	61.17		\$	122.34	\$.08
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,438	12,009 \$		1,415,229.96	\$	117.85	3.681	\$	984.17	\$	433.85
HOSP INPATIENT TOTAL	285	1,171		1,135,960.73		970.08	.359		3985.83		348.24
HSC HOSPITALS	6	19		23,407.02		1231.95	.006		3901.17		7.18
NON-HSC HOSPITAL TOTAL	280	1,152		1,112,553.71		965.76	.353		3973.41		341.06
ACCOMMODATIONS	280	1,152		512,956.36		445.27	.353		1831.99		157.25
ADMINISTRATIVE DAYS	1	10		1,156.50		115.65	.003		1156.50		.35
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	279	1,142				448.16	.350		1834.41		156.90
ALL OTHER ACCOM		•		511,799.86							
ANCILLARIES	280	0		599,597.35		.00	.000		2141.42		183.81
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,302	10,838		279 , 269.23		25.77	3.323		214.49		85.61
MEDICAL	121	165		6,079.41		36.84	.051		50.24		1.86
SURGERY	171	245		7,406.65		30.23	.075		43.31		2.27
PATHOLOGY	691	2,407		34,113.86		14.17	.738		49.37		10.46
RADIOLOGY	285	323		20,610.42		63.81	.099		72.32		6.32
ROOM USE	976	1,893		63,921.84		33.77	.580		65.49		19.60
CROSSOVERS/ALL OTH OUTPINT	916	5,805		147,137.05		25.35	1.780		160.63		45.11
	5	•		1,762.41	ċ			ċ	352.48	ċ	
@COUNTY HOSPITAL TOTAL		50 \$	1	•	\$	35.25	.015	\$		Ą	.54
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0							
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	•		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	5	50		1,762.41	35.25	.015	352.48		.54
MEDICAL	1	2		164.87	82.44	.001	164.87		.05
SURGERY	3	6		137.92	22.99	.002	45.97		.04
PATHOLOGY	3	16		295.07	18.44	.005	98.36		.09
RADIOLOGY	1	1		138.66	138.66	.000	138.66		.04
ROOM USE	4	12		762.79	63.57	.004	190.70		.23
CROSSOVERS/ALL OTH OUTPTNT	4	13		263.10	20.24	.004	65.78		.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	JRES MC	NTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	C 2004	P	AGE 14,107
MOP024	FEE-FOR-SERVICE	E/DENTAL							03/14/05
SHASTA COUNTY	SUMMARY OF SERV	/ICES FOR 185% F	ROGRAM	I - PREGNANT A	ID CODES 44 48	49			
						MON	THLY AVERA	.GE	
3,262 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	RΕ		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,435	11,959	\$	1,413,467.55	\$ 118.19	3.666 \$	984.99	\$	433.31
COMM HOSP INPATIENT TOTAL	285	1,171		1,135,960.73	970.08	.359	3985.83		348.24
HSC HOSPITALS	6	. 19		23,407.02	1231.95	.006	3901.17		7.18
NON-HSC HOSPITALS TOTAL	280	1,152		1,112,553.71	965.76	.353	3973.41		341.06
ACCOMMODATIONS	280 280	1,152		512,956.36	445.27	.353	1831.99		157.25
ADMINISTRATIVE DAYS	1	10		1,156.50	115.65	.003	1156.50		.35
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0 279	1,142		511,799.86	448.16		1834.41		156.90
ANCILLARIES	280	0		599,597.35	.00	.000	2141.42		183.81
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	•	10,788		277,506.82	25.72	3.307	213.63		85.07
MEDICAL	121	163		5,914.54	36.29		48.88		1.81
SURGERY	168	239		7,268.73	30.41				2.23
PATHOLOGY	688	2,391		33,818.79	14.14	.733	49 16		10.37
RADIOLOGY	284	322		20,471.76	63.58	.099	43.27 49.16 72.08 64.91		6.28
ROOM USE	973	1,881		63,159.05	33.58	.577	64 91		19.36
CROSSOVERS/ALL OTH OUTPTNT		5 , 792		146,873.95	25.36	1.776	160.87		45.03
@STATE HOSPITAL	913	J , 792	\$.00	\$.00	.000 \$		Ċ	.00
MENTALLY ILL	0	0	Ÿ	.00	.00	.000	.00	Y	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	Ś	.00	\$.00	.000		ċ	.00
•	0	0	Ş					Ş	
LEV A-INTERMEDIATE	U	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	U	0			.00	.000			.00
LEV B-SUBACUTE FREESTANDING		0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	•		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	Ü	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	*	.00	.00	.000	.00	<u>~</u>	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$		Ş	.00
ICF DDH	0	0		.00	.00	.000	.00		.00

0

0

0

0

0

0

0 0

0

\$

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DD

.00

.00

.00

.00

.00

\$

.00

.00

.00

.00

.00

.000 \$

.000

.000

.000

.000

.00 \$

.00

.00

.00

.00

.00

.00

.00

.00

.00

@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	0	0 0 1,174 1,174	\$.00	\$.00	.000		.00		.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00 21,613.33 21,613.33		.00	.000		.00		.00
@LABORATORY FACILITY	421	1,174	\$	21,613.33	\$	18.41	.360	\$	51.34	\$	
PATHOLOGY	421	1,174		21,613.33		18.41	.360		51.34		6.63
XO AND OTHERS	0	0 1,247		.00 125,025.96		.00	.000				.00
@ORGANIZED OUTPATIENT CLINIC	511			125,025.96	\$	100 26	382	\$	244.67	\$	38.33
CLINIC	97	395		19,889.98		50.35	.121		205.05		6.10
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	415	852		105,135.98		123.40	.261		253.34		32.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDIT	URES MON	TH-OF-PAYMENT R	REPORT	r for jan 2	2004 THRU	DEC	2004	PA	GE 14,108
MOPU24	FEE-FOR-SERVICE	≝/DENTAL									03/14/05
MOP024 SHASTA COUNTY	SUMMARY OF SERV	VICES FOR 185%	PROGRAM	- PREGNANT A	ID CO	DDES 44 48	49				
3,262 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE THE AMOUNTS ARE ALREADY IN									HLY AVERA		
3,262 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	ERAGE COST	UNITS/DA	YS (COST PER	С	OST PER
		OR DAYS OF CA	RE		PEF	R UNIT/DAY	PER ELI	G	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	157	805	\$	23,965.00	\$	29.77	.247	\$	152.64	\$	7.35
DURABLE MED. EQUIP.	3	4		275.16		68.79	.001		91.72		.08
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	15	431		9,253.89		21.47	.132		616.93		2.84
AMBULANCES/AIR TRANS	14	428		5,428.89		12.68	.131		.00 616.93 387.78		1.66
OTHER TRANS	0	0		.00		.00	.000		. () ()		. () ()
OTHER SERVICES	3	3		3,825.00		1275.00	.001		1275.00		1.17
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	135	135		14,175.00		105.00	.041		105.00		4.35
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00 105.00 .00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	1	2		28.05		14.03	.001		.00 28.05		.01
PORTABLE X-RAY	0	0		.00		.00	.000		.00 83.16		.00
PROSTHETIST/ORTHOTISTS	2	3		166.32		55.44	.001		83.16		.05
PROSTHETICS	2	3		166.32		55.44	.001		83.16		.05
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		83.16		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	2	230		66.58		.29	.071		33.29		.02
@CALTE CHILDREN SERVICES*	12	161	Ś	183.039.19	Ś	1136.89	.049		15253.27	Ś	
@XOVER EXCLUDING STATE HOSP**	0	0	Ś	.00	Ś	.00	.000		.00		
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	RATE INFORMATION	TTEM ON	JT.Y:	т.	• • •	• • • • •	7	• 0 0	т	• • • •
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AL	PPROPRIATE DETAI	L LINES	ABOVE.							
** THESE DATA ARE INCLUDED I				1120121							
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDIT		JTH-OF-PAYMENT R	EPORT	r FOR JAN :	2004 THRU	DEC	2004	PΑ	GE 14,109
MOP024	FEE-FOR-SERVICE				0111		2		· * * *		03/14/05
SHASTA COUNTY		VICES FOR 60-DA	Y POST F	PARTUM PROGRAM		AID CODE	76				, ,
	_ JIIIIII OI DIII	120		111111111111111111111111111111111111111		1112 0000		MONTF	HLY AVERA	GE -	
17 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	ERAGE COST					OST PER
		OP DAVE OF CA				TINITE /DAV		-	HCED		TICIDIE

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

@TOTAL, ALL PROVIDERS	24	86 \$	3,553.69	\$ 41.32	5.059 \$	148.07	\$ 209.04
@PHYSICIANS SERVICES	7	25 \$	1,224.96	\$ 49.00	1.471		
	4	4	116.35	29.09	.235	29.09	6.84
OUTPATIENT VISITS	3		48.00	16.00	.176	16.00	2.82
OFFICE VISITS		3					
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.059	68.35	4.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	12	244.05	20.34	.706	244.05	14.36
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	12	244.05	20.34	.706	244.05	14.36
	2						35.96
OUTPATIENT SURGERY	2	2	611.31	305.66	.118	305.66	
PRINCIPAL SURGEON	∠	2	611.31	305.66	.118	305.66	35.96
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	27.06	27.06	.059	27.06	1.59
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	3	13.97	4.66	.176	13.97	.82
OTHER SERVICES/ALL X-OVERS	2	3	212.22	70.74	.176	106.11	12.48
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000		
	0	0 7	.00	.00	.000	.00	·
VISITS - DIAGNOSTIC	0	0	.00				.00
ORAL SURGERY	•	0		.00	.000	.00	.00
DRUGS	0	U	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	•					PAGE 14,110
MOP024	FEE-FOR-SERVICE/DE		TOTAL OF THE PROPERTY IN	LICKI IOK OAN	2001 IIIIO DE	2001	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICE:		ST PARTIM PROCEAM	AID CODE	76		03/14/03
DIMOIN COUNTI	SOUTHWILL OF SEILVICE.	JION OU DAI POS	JI IANION ENOGNAM	VID CODE	MON	א מישווא אווייייייייייייייייייייייייייייייי	GE
17 ELICIDIES	HOEDO IINI	THE OF SEPTITOR	EXPENDITURES	ATTEDACE COOM			-02
17 ELIGIBLES		ITS OF SERVICE	EVLENDIIOKE2	AVERAGE COST			COST PER
	O	R DAYS OF CARE		PER UNIT/DAY	FER ELIG	USER	ELIGIBLE

@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	8	39	\$ 916.63	\$ 23.50	2.294	\$ 114.58	\$ 53.92
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8	39	916.63	23.50	2.294	114.58	53.92
MEDICAL	2	2	29.43	14.72	.118	14.72	1.73
SURGERY	2	2	180.46	90.23	.118	90.23	10.62
PATHOLOGY	6	14	150.33	10.74	.824	25.06	8.84

RADIOLOGY	1	1	58.22	58.22	.059	58.22	3.42
ROOM USE	5	7	308.63	44.09	.412	61.73	18.15
CROSSOVERS/ALL OTH OUTPTNT	4	13	189.56	14.58	.765	47.39	11.15
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN 20	004 THRU DEC	2004	PAGE 14,111
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	60-DAY PO	ST PARTUM PROGRAM	AID CODE 7	76		
				-	MONT	HLY AVERAG	E

						IM	OMT	HLI AVEKA	GĽ	
17 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	39	\$ 916.63	\$	23.50	2.294	\$	114.58	\$	53.92
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	8	39	916.63		23.50	2.294		114.58		53.92
MEDICAL	2	2	29.43		14.72	.118		14.72		1.73
SURGERY	2	2	180.46		90.23	.118		90.23		10.62
PATHOLOGY	6	14	150.33		10.74	.824		25.06		8.84
RADIOLOGY	1	1	58.22		58.22	.059		58.22		3.42
ROOM USE	5	7	308.63		44.09	.412		61.73		18.15
CROSSOVERS/ALL OTH OUTPTNT	4	13	189.56		14.58	.765		47.39		11.15
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00)	.00	.0	0 (.00		.00
ICF DD	0	0		.00)	.00	.0	0 (.00		.00
ICF DDN/DDCN	0	0		.00)	.00	.0	0 (.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00) \$.00	.0	00 \$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.0	0 (.00		.00
HEMODIALYSIS CENTER	0	0		.00)	.00	.0	0 (.00		.00
@REHABILITATION FACILITY	0	0	\$.00) \$.00	.0	00 \$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.0	0 (.00		.00
INDEPENDENT FACILITY	0	0		.00)	.00	.0	0 (.00		.00
@LABORATORY FACILITY	6	12	\$	341.50) \$	28.46	.7)6 \$	56.92	\$	20.09
PATHOLOGY	6	12		341.50)	28.46	.7)6	56.92		20.09
XO AND OTHERS	0	0		.00)	.00	.0	0 (.00		.00
@ORGANIZED OUTPATIENT CLINIC	8	10	\$	1,070.60) \$	107.06	.5	38 \$	133.83	\$	62.98
CLINIC	0	0		.00)	.00	.0	0 (.00		.00
SURGICENTER	0	0		.00)	.00	.0	0 (.00		.00
HEROIN DETOX CLINIC	0	0		.00)	.00	.0	0 (.00		.00
RURAL HEALTH CLINIC	8	10		1,070.60)	107.06	.5	38	133.83		62.98
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MONTH-OF	-PAYMENT	REPORT	FOR JAN	2004 TH	RU DE	C 2004	P.	AGE 14,112
MOP024	FEE-FOR-SERVICE/DENTAI	L									03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FO	OR 60-DAY	POST PARTUM	PROGRAM		AID CODE	76				
								- MON	THLY AVERA	١GE	

								10141	11111 111111111	CL	
17 ELIGIBLES		NITS OF SERVIC		EXPENDI	rures		DST UNITS/DA		COST PER		OST PER
		OR DAYS OF CAF	E.			PER UNIT/I		-	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00		\$.00	\$.00
DURABLE MED. EQUIP.	0	0			.00	.00	.000		.00		.00
BLOOD BANK	0	0			.00	.00	.000		.00		.00
HEARING AID DISPENSERS	0	0			.00	.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0			.00	.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0			.00	.00	.000		.00		.00
OTHER TRANS	0	0			.00	.00	.000		.00		.00
OTHER SERVICES	0	0			.00	.00	.000		.00		.00
ACUPUNCTURE	0	0			.00	.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00	.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0			.00	.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00	.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0			.00	.00	.000		.00		.00
OPTICIAN	0	0			.00	.00	.000		.00		.00
PHYSICAL THERAPIST	0	0			.00	.00	.000		.00		.00
PORTABLE X-RAY	0	0			.00	.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0			.00	.00	.000		.00		.00
PROSTHETICS	0	0			.00	.00	.000		.00		.00
ORTHOTICS	0	0			.00	.00	.000		.00		.00
PSYCHOLOGIST	0	0			.00	.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0			.00	.00	.000		.00		.00
HOSPICE SERVICES	0	0			.00	.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0			.00	.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00	.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0			.00	.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00	.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0			.00	.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
0* TOTALS IN THESE LINES ARE CIV	TEN AS A SEDARAT	E INFORMATION	TTEN	I ONLY.							

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

SHASTA COUNTY	SUMMARY OF SER	VICES FOR 185% AN	D 60	-DAY PP TOTAL, COI	DES 44 47 48 49			~ =	
5 500						MOI			
5,738 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	4,263	26,582	\$	2,514,658.59	\$ 94.60	4.633		\$	438.25
@PHYSICIANS SERVICES	1,570	5 , 877	\$	355,760.14	\$ 60.53	1.024		\$	62.00
OUTPATIENT VISITS	750	3 , 128		82 , 274.57	26.30	.545	109.70		14.34
OFFICE VISITS	210	250		9,622.51	38.49	.044	45.82		1.68
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	215	249		13,550.13	54.42	.043	63.02		2.36
PREVENTIVE CARE	20	23		788.51	34.28	.004	39.43		.14
OB VISITS/COMPRE PERI	334	2,597		57,972.60	22.32	.453	173.57		10.10
OTHER OUTPATIENT	9	9		340.82	37.87	.002	37.87		.06
INPATIENT VISITS	238	845		89,130.68	105.48	.147	374.50		15.53
HOSPITAL VISITS	213	510		25,299.71	49.61	.089	118.78		4.41
CRITICAL CARE	48	335		63,830.97	190.54	.058	1329.81		11.12
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
	0	6		221.97			37.00		
OPHTHALMOLOGICAL SERVICES	0				37.00	.001			.04
EXAMINATIONS	6	6		221.97	37.00	.001	37.00		.04
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	246	563		128,399.13	228.06	.098	521.95		22.38
PRINCIPAL SURGEON	186	196		112,167.31	572.28	.034	603.05		19.55
ASSISTANT SURGEON	20	21		3,898.40	185.64	.004	194.92		.68
ANESTHESIOLOGIST	67	346		12,333.42	35.65	.060	184.08		2.15
OUTPATIENT SURGERY	85	251		10,833.73	43.16	.044	127.46		1.89
PRINCIPAL SURGEON	73	114		9,091.19	79.75	.020	124.54		1.58
ASSISTANT SURGEON	1	1		93.08	93.08	.000	93.08		.02
ANESTHESIOLOGIST	13	136		1,649.46	12.13	.024	126.88		.29
DIALYSIS	1	3		302.43	100.81	.001	302.43		.05
PATHOLOGY	88	149		2,254.59	15.13	.026	25.62		.39
RADIOLOGY	567	753		33,005.65	43.83	.131	58.21		5.75
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	8	11		590.19	53.65	.002	73.77		.10
OTHER SERVICES/ALL X-OVERS	131	168		8,747.20	52.07	.029	66.77		1.52
@PHARMACY	1,200	2,399	\$	104,785.82	\$ 43.68	.418		Ś	18.26
PRESCRIPTION DRUGS	1,163	2,194	τ	94,570.36	43.10	.382	81.32	т	16.48
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	1,163	2,194		94,570.36	43.10	.382	81.32		16.48
MEDICAL SUPPLIES	86	205		10,215.46	49.83	.036	118.78		1.78
@DENTIST	30	124	\$	2,458.00	\$ 19.82	.022		\$.43
VISITS - DIAGNOSTIC	24	90	Ą	456.00	5.07	.016	19.00	۲	.08
	7	17				.003			
ORAL SURGERY	2	4		703.00	41.35		100.43		.12
DRUGS				30.00	7.50	.001	15.00		.01
ANESTHESIA	2	2		100.00	50.00	.000	50.00		.02
PERIODONTICS	3	3		118.00	39.33	.001	39.33		.02
ENDODONTICS	3	6		948.00	158.00	.001	316.00		.17
RESTORATIVE DENTISTRY	2	2		103.00	51.50	.000	51.50		.02
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,114 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

----- MONTHLY AVERAGE -----

SHASTA COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

5,738 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	ERAGE COST R UNIT/DAY		COST PER USER	 COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$ 32.80	\$ 32.80	.000	\$ 32.80	\$.01
DIAGNOSTIC AND ANC. PROCED	1	1	32.80	32.80	.000	32.80	.01
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	153	442	\$ 18,664.41	\$ 42.23	.077		3.25
NURSE ANESTHESIST	3	16	\$ 438.15	\$ 27.38	.003	\$ 146.05	\$.08
NURSE MIDWIFE	2	4	\$ 244.68	\$ 61.17	.001	122.34	.04
PEDIATRIC NURSE PRACTITIONER	0	0	\$	\$.00	.000	.00	\$.00
FAMILY NURSE PRACTITIONER	1	0 2 13,007	\$ 52.36	\$ 26.18	.000	\$ 52.36	.01
@TOTAL HOSPITAL	1,737	13,007	\$ 1,740,100.08	\$ 133.78	2.267	\$ 1001.78	\$ 303.26
HOSP INPATIENT TOTAL	1,737 314	1,386	1,437,287.95	1037.00	.242	4577.35	250.49
HSC HOSPITALS	20	194	273,578.02	1410.20	.034	13678.90	47.68
NON-HSC HOSPITAL TOTAL	296	1,192	1,163,709.93	976.27 450.13	.208	3931.45	202.81
ACCOMMODATIONS	296	1,192	536,554.03	450.13	.208	1812.68	93.51
ADMINISTRATIVE DAYS	1 0	10	1,156.50	115.65	.002	1156.50	.20
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	295 296	1,182	535,397.53	452.96	.206	1814.91	93.31
ANCILLARIES	296	0	627 , 155.90	.00	.000	2118.77	109.30
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,578	11,621	302,812.13	26.06	2.025	191.90	52.77
MEDICAL	255	356	12,051.36	33.85	.062	47.26	2.10
SURGERY	181 737	255	7,883.82	30.92	.044	43.56	1.37
PATHOLOGY	737	2,542	36,003.27	14.16	.443	48.85	6.27
RADIOLOGY	737 326	366	23,965.04	65.48	.064	73.51	4.18
ROOM USE	1,220	2,220	74,483.14	33.55	.387	60.65	12.98
CROSSOVERS/ALL OTH OUTPTNT	969	5,882		25.23	1.025	153.17	25.87
@COUNTY HOSPITAL TOTAL	5	50	\$,	\$ 35.25	.009	\$	\$.31
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	50	1,762.41	35.25	.009	352.48	.31
MEDICAL	1	2	164.87	82.44	.000	164.87	.03
SURGERY	3	6	137.92	22.99	.001	45.97	.02
PATHOLOGY	3	16	295.07	18.44	.003	98.36	.05

RADIOLOGY	1	1	138.66	138.66	.000	138.66	.02
ROOM USE	4	12	762.79	63.57	.002	190.70	.13
CROSSOVERS/ALL OTH OUTPINT	4	13	263.10	20.24	.002	65.78	.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2004	THRU DEC	2004	PAGE 14,115
MOP024	FEE-FOR-SERVICE/DENTAL	<u>L</u>					03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FO	OR 185% AND 6	50-DAY PP TOTAL, CODES 44	47 48 49 69	76		

SHASIA COUNTI	SOMMANT OF SEN	VICED FOR 1006 A	IND OC	DAI II IOIAL, CO	DES 44 47 40 4.				
						MC	NTHLY AVERA	AGE -	
5,738 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,734	12 , 957	\$	1,738,337.67	\$ 134.16	2.258	\$ 1002.50	\$	302.95
COMM HOSP INPATIENT TOTAL	314	1,386		1,437,287.95	1037.00	.242	4577.35		250.49
HSC HOSPITALS	20	194		273,578.02	1410.20	.034	13678.90		47.68
NON-HSC HOSPITALS TOTAL	296	1,192		1,163,709.93	976.27	.208	3931.45		202.81
ACCOMMODATIONS	296	1,192		536,554.03	450.13	.208	1812.68		93.51
ADMINISTRATIVE DAYS	1	10		1,156.50	115.65	.002	1156.50		.20
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	295	1,182		535,397.53	452.96	.206	1814.91		93.31
ANCILLARIES	296	0		627,155.90	.00	.000	2118.77		109.30
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,575	11,571		301,049.72	26.02	2.017	191.14		52.47
MEDICAL	255	354		11,886.49	33.58	.062	46.61		2.07
SURGERY	178	249		7,745.90	31.11	.043	43.52		1.35
PATHOLOGY	734	2,526		35,708.20	14.14	.440	48.65		6.22
RADIOLOGY	325	365		23,826.38	65.28	.064	73.31		4.15
ROOM USE	1,225	2,208		73,720.35	33.39	.385	60.18		12.85
CROSSOVERS/ALL OTH OUTPINT	966	5 , 869		148,162.40	25.24	1.023	153.38		25.82
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	4	16	\$	258.41	\$	16.15	.003	\$	64.60	\$.05
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	4	16		258.41		16.15	.003		64.60		.05
@LABORATORY FACILITY	466	1,259	\$	22,551.60	\$	17.91	.219	\$	48.39	\$	3.93
PATHOLOGY	466	1,259		22,551.60		17.91	.219		48.39		3.93
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,181	2,160	\$	231,247.25	\$	107.06	.376	\$	195.81	\$	40.30
CLINIC	118	450		20,384.98		45.30	.078		172.75		3.55
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,066	1,710		210,862.27		123.31	.298		197.81		36.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES	MONTH-OF-PAYMENT RE	EPORI	FOR JAN	2004 THRU	DEC	2004	PP	GE 14,116
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05

----- MONTHLY AVERAGE -----

.00

.00

.00

.00

.00

.00

AVERAGE COST UNITS/DAYS COST PER 5,738 ELIGIBLES USERS EXPENDITURES UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,275 29.85 .222 \$ @ALL OTHER PROVIDERS 186 38,064.89 204.65 \$ 6.63 13 14 851.04 60.79 .002 65.46 .15 DURABLE MED. EQUIP. 0 0 .00 .00 BLOOD BANK .00 .000 .00 HEARING AID DISPENSERS 1 99.99 50.00 .000 99.99 .02 29 MEDICAL TRANSPORTATION 879 22,363.38 25.44 .153 771.15 3.90 26 873 15.65 .152 525.51 13,663.38 AMBULANCES/AIR TRANS .00 OTHER TRANS 0 .00 .000 .00 .00 6 OTHER SERVICES 6 8,700.00 1450.00 .001 1450.00 1.52 .00 .00 .000 .00 .00 ACUPUNCTURE ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .000 .00 .00 135 14,175.00 GENETIC DISEASE TESTING 135 105.00 .024 105.00 2.47 .00 .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 28.05 14.03 28.05 PHYSICAL THERAPIST .000 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 166.32 55.44 .001 83.16 .03 166.32 55.44 .001 83.16 PROSTHETICS .00 .00 ORTHOTICS .00 .000 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 275.02 68.76 137.51 .05 SPEECH AND AUDIOLOGY .001 .00 .00 .00 HOSPICE SERVICES .000 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 .00 .000 LOCAL EDUCATION AGENCIES

.00

.00

.00

.00

.00

.00

.000

.000

.000

SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

SHASTA COUNTY

EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

RESPIRATORY CARE PRACT.

ALL OTHER PROVIDERS	8	236	106.09	.45	.041	13.26	.02
@CALIF. CHILDREN SERVICES*	55	1,680	\$ 421,567.20	\$ 250.93	.293	\$ 7664.86	\$ 73.47
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,117
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DI	SREGARD - AGED	AID CODE	16		
					MON	THLY AVERA	GE
3,271 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3,116	61 , 952 \$	1,661,213.33	\$ 26.81	18.940 \$	533.12	\$ 507.86
@PHYSICIANS SERVICES	784	2 , 550 \$	39,432.25	\$ 15.46	.780 \$		\$ 12.06
OUTPATIENT VISITS	8	10	117.84	11.78	.003	14.73	.04
OFFICE VISITS	8	9	117.84	13.09	.003	14.73	.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	135.73	67.87	.001	67.87	.04
PRINCIPAL SURGEON	1	1	45.79	45.79	.000	45.79	.01
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1	89.94	89.94	.000	89.94	.03
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	3.63	3.63	.000	3.63	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	17.60	8.80	.001	8.80	.01
OTHER SERVICES/ALL X-OVERS	779	2,535	39,157.45	15.45	.775	50.27	11.97
@PHARMACY	2,727	36,175 \$	1,088,397.22	\$ 30.09	11.059 \$		•
PRESCRIPTION DRUGS	2,697	14,103	1,065,506.77	75.55	4.312	395.07	325.74
SNF/ICF	47	368	22,844.97	62.08	.113	486.06	6.98
OUTPATIENTS	2,658	13,735	1,042,661.80	75.91	4.199	392.27	318.76
MEDICAL SUPPLIES	247	22,072	22,890.45	1.04	6.748	92.67	7.00
@DENTIST	132	570 \$	26,561.00	\$ 46.60	.174 \$		
VISITS - DIAGNOSTIC	79	339	3,703.00	10.92	.104	46.87	1.13
ORAL SURGERY	21	87	4,427.00	50.89	.027	210.81	1.35
DRUGS	2	3	45.00	15.00	.001	22.50	.01
ANESTHESIA	2	2	200.00	100.00	.001	100.00	.06
PERIODONTICS	/	7	733.00	104.71	.002	104.71	.22
ENDODONTICS	2 26	2 47	520.00	260.00	.001	260.00	.16
RESTORATIVE DENTISTRY			2,715.00	57.77	.014	104.42	.83
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	34	75	14,218.00	189.57	.023	418.18	4.35
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	8	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DEC	2004	PAGE 14,118
MOP024	FEE-FOR-SERVICE/DENTAL	ı					03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FO	R TITLE II D	ISREGARD - AGED	AID CODE	16		

OLIA CITA COLINIEN	CHAMADY OF CERT		m = m = p = 1	- D-	CDECADD ACED		ATD CODE	1.0				03/14/03
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR	TITLE II	T DT	SREGARD - AGED		AID CODE		O N T ITT	III V ATZEDA	C E	
3,271 ELIGIBLES	USERS	UNITS OF	CEDVICE		EXPENDITURES	7/ 7/ 7/ 7/	DACE COCE	UNITS/DAY				COST PER
3,2/1 ELIGIBLES	USERS		OF CARE		EXPENDITORES			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	76	OK DAIS	198	\$	4,763.84	\$	24.06	.061		62.68		1.46
DIAGNOSTIC AND ANC. PROCED	11		12	Y	345.34	Y	28.78	.004	Ÿ	31.39	Y	.11
EYE APPLIANCES			172		4,202.17		24.43	.053		66.70		1.28
OTHER OPTOMETRIC SERVICES	63 8		14		216.33		15.45	.004		27.04		.07
@CHIROPRACTOR	Δ		4	\$	66.88	\$.001	Ś	16.72	S	.02
VISITS	0		0	۲	.00	Y	.00	.000	Y	.00	Y	.00
OTHER SERVICES	1		4		66.88		16.72	.001		16.72		.02
@PODIATRIST	10		17	\$	162.30	\$	9.55	.005	Ś	16.23	Ś	.05
MEDICINE/INJECTIONS	0		0	т	.00	т	.00	.000	Ψ.	.00	Τ.	.00
SURGERY/ANES.	0		Ö		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	10		17		162.30		9.55	.005		16.23		.05
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000			\$.00
NURSE MIDWIFE	0		Ō	\$		\$.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$		\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0		Ō	\$		\$.00	.000		.00		.00
@TOTAL HOSPITAL	211		847	\$		\$	106.36	.259		426.96		27.54
HOSP INPATIENT TOTAL	72		0	·	61,434.70		.00	.000		853.26		18.78
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	72		0		61,434.70		.00	.000		853.26		18.78
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	148		847		28,654.50		33.83	.259		193.61		8.76
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT			847	_	28,654.50	_	33.83	.259	_	193.61	_	8.76
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL			0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	U		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	U		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00	.00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00	.00
CO HOSP OUTPATIENT TOTAL 0 0 .00 .00 .00 .00 .00	.00
MEDICAL 0 0 0 .00 .00 .00 .00	.00
SURGERY 0 0 .00 .00 .00 .00 .00	.00
PATHOLOGY 0 0 .00 .00 .00 .00	.00
RADIOLOGY 0 0 .00 .00 .00 .00	.00
ROOM USE 0 0 .00 .00 .00 .00 .00	.00
CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 .00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,119
MOP024 FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16	
MONTHLY AVE	AGE
3,271 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PE	R COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL 211 847 \$ 90,089.20 \$ 106.36 .259 \$ 426.96	5 \$ 27.54
COMM HOSP INPATIENT TOTAL 72 0 61,434.70 .00 .000 853.20	18.78
HSC HOSPITALS 0 0 .00 .00 .00 .00	.00
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00	.00
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00	.00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	.00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00	.00
ANCILLARIES 0 0 .00 .00 .00 .00 .00	.00
INPATIENT CROSSOVERS 72 0 61,434.70 .00 .000 853.20	18.78
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00	.00
COMM HOSP OUTPATIENT TOTAL 148 847 28,654.50 33.83 .259 193.63	8.76
MEDICAL 0 0 0 .00 .00 .00 .00	.00
SURGERY 0 0 0 .00 .00 .00 .00	.00
PATHOLOGY 0 0 .00 .00 .00 .00	.00
RADIOLOGY 0 0 .00 .00 .00 .00	.00
ROOM USE 0 0 .00 .00 .00 .00 .00	.00
CROSSOVERS/ALL OTH OUTPINT 148 847 28,654.50 33.83 .259 193.63	8.76
@STATE HOSPITAL 0 0 \$.00 \$.00 \$.00	\$.00
MENTALLY ILL 0 0 0 .00 .00 .00 .00	.00
DEVELOP. DISABLED 0 0 .00 .00 .00 .00	.00
@NURSING FACTLITY 81 1.170 \$ 218.585.87 \$ 186.83 .358 \$ 2698.59	\$ 66.83
LEV A-INTERMEDIATE 6 122 10,923.88 89.54 .037 1820.69	3.34
	3.34
LEV A-INTERMEDIATE 6 122 10,923.88 89.54 .037 1820.69	3.34 5 12.41 .00

.00

.00

.00

.00

.00

.00

.00

.00

.00

466.61

463.26

3.35

167,063.36

6,114.80

6,114.80

.00

.00

.00

.00

.00

.00

.00

.00

.00

7.78

.67

8.42

230.75

555.89

555.89

.000

.221

.000

.000

.000

.003

.000

.003

.000

.000

.002

.017

.000 \$

.018 \$

.000 \$

.00

.00

.00

.00

.00

.00

.00

3.35

13.24

12.96 \$

.00 \$

764.35

764.35

.00 \$

2531.26

.00

.00

.00

.00

.00

1.87

1.87

.00

.00

.00

.00

.14

.00

.14

51.07

0

0

0

0

0

0

0

0

0

60

5

55

11

11

724

0

66

0

0

0

0

36

1

35

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY @LABORATORY FACILITY

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

ICF DDH

ICF DD

@ORGANIZED OUTPATIENT CLINIC	591	972 \$	39,980.15	\$ 41.13	.297 \$	67.65	\$ 12.22
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	28	45	8,214.19	182.54	.014	293.36	2.51
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	567	927	31,765.96	34.27	.283	56.02	9.71
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 14,120
MOP024	FEE-FOR-SERVICE	C/DENTAL					03/14/05
SHASTA COUNTY	SUMMARY OF SERV	VICES FOR TITLE II	DISREGARD - AGED	AID CODE	16		
					MON	ITHLY AVERA	GE
3,271 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	852	19,378 \$		\$ 7.56	5.924 \$		
DURABLE MED. EQUIP.	47	66	12,340.03	186.97	.020	262.55	3.77
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	42	85	13,088.76	153.99		311.64	4.00
MEDICAL TRANSPORTATION	81	1,143	6,067.06	5.31	.349	74.90	1.85
AMBULANCES/AIR TRANS	3	3	60.00	20.00	.001	20.00	.02
OTHER TRANS	71	1,046	4,611.90	4.41	.320	64.96	1.41
OTHER SERVICES	19	94	1,395.16	14.84	.029	73.43	.43
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	36	547	38,060.26	69.58	.167	1057.23	11.64
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	147	1,684	48,220.39	28.63	.515	328.03	14.74
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	94	215	2,748.10	12.78	.066	29.24	.84
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	6	6.32	1.05	.002	3.16	.00
PROSTHETIST/ORTHOTISTS	5	7	302.73	43.25	.002	60.55	.09
PROSTHETICS	5	7	302.73	43.25	.002	60.55	.09
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	38.49	38.49	.000	38.49	.01
SPEECH AND AUDIOLOGY	25	41	4,100.09	100.00	.013	164.00	1.25

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	509	15,583	21,620.98	1.39	4.764	42.48	6.61
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,291	17,485	\$ 245,661.98	\$ 14.05	5.345	\$ 190.29	\$ 75.10

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,121 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SHASTA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

						MO	TNC	HLY AVERA	GE -	
21 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	F	ELIGIBLE
@TOTAL, ALL PROVIDERS	16	330 \$	8,874.04	\$	26.89	15.714	\$	554.63	\$	422.57
@PHYSICIANS SERVICES	5	9 \$	68.10	\$	7.57	.429	\$	13.62	\$	3.24
OUTPATIENT VISITS	0	0	.00		.00	.000		.00		.00
OFFICE VISITS	0	0	.00		.00	.000		.00		.00
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0	.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0	.00		.00	.000		.00		.00
INPATIENT VISITS	0	0	.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0	.00		.00	.000		.00		.00
CRITICAL CARE	0	0	.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000		.00		.00
EXAMINATIONS	0	0	.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	5	9	68.10		7.57	.429		13.62		3.24
@PHARMACY	14	103 \$	7,385.26	\$	71.70		\$	527.52	\$	351.68
PRESCRIPTION DRUGS	14	103	7,385.26		71.70	4.905		527.52		351.68
SNF/ICF	0	0	.00		.00	.000		.00		.00
OUTPATIENTS	14	103	7,385.26		71.70	4.905		527.52		351.68
MEDICAL SUPPLIES	0	0	.00		.00	.000		.00		.00
@DENTIST	0	0 \$.00	\$.00		\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00		.00	.000		.00		.00
ORAL SURGERY	0	0	.00		.00	.000		.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0									
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	U		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EX	PENDITU	IRES N	MONTH-OF-PAYMENT RE	EPOR1	FOR JAN 2	2004 THRU	DEC	2004	P.	AGE 14,122
MOP024	FEE-FOR-SERVICE	E/DENTAL										03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR	TITLE	II DI	ISREGARD - BLIND	AII	CODES 26	6A				
								M	TNC	HLY AVERA	GE	
21 ELIGIBLES	USERS	UNITS OF	SERVIC	Œ	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS					R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	011 21110	0	\$.00	\$.00	.000		.00		.00
DIAGNOSTIC AND ANC. PROCED	0		0	Y	.00	٧	.00	.000	Y	.00	Y	.00
EYE APPLIANCES	0		0									
	0				.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	U		0	_	.00	_	.00	.000	_	.00	_	.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		Ö	Ś	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	Ś	.00	\$.00	.000	\$.00	Ś	.00
NURSE MIDWIFE	0		0	¢	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	¢	.00	\$.00	.000	\$.00	Ś	.00
FAMILY NURSE PRACTITIONER	0		0	ċ	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		7	ڊ خ	1,055.35	ک خ	150.76	.333	۶ S	351.78	\$	50.25
	3			Ą	•	Ş			Þ		Þ	
HOSP INPATIENT TOTAL	1		0		876.00		.00	.000		876.00		41.71
HSC HOSPITALS	Ü		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1		0		876.00		.00	.000		876.00		41.71
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2		7		179.35		25.62	.333		89.68		8.54
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
	0		0									
RADIOLOGY	0				.00		.00	.000		.00		.00
ROOM USE	ŭ		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT			7	_	179.35	_	25.62	.333	_	89.68	_	8.54
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
CO HOSPITAL INPATIENT TOTAL			0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES					PAGE 14,123
MOP024	FEE-FOR-SERVICE		11011111 01 111111111111111111111111111		2001 111110 221	2001	03/14/05
SHASTA COUNTY		ICES FOR TITLE II 1	DISREGARD - BLIND	AID CODES 26	6A		03/11/03
	SOLITIME OF SERV	1020 1010 11122 11 1	DIGITED DITTE	THE CODES 20	MONT	THIY AVERA	GE
21 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
21 111011110	05210	OR DAYS OF CARE	EM ENDITORED	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	7 \$	1,055.35	\$ 150.76	.333 \$		\$ 50.25
COMM HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	41.71
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0					
TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	0	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	Ţ	0	876.00	.00	.000	876.00	41.71
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	./	179.35	25.62	.333	89.68	8.54
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	7	179.35	25.62	.333	89.68	8.54
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	·
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
			0.0	0.0	0.00	0.0	0.0

.00

.00

.00

.00

.00

\$

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000 \$

.00

.00

.00

.00

.00 \$

.00

.00

.00

.00

.00

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DD

0

0

0

0

0

0

0 0 0

\$

	_											
@REHABILITATION FACILITY	0		0 \$.00	\$.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2		3 \$		100.62	\$	33.54	.143	\$	50.31	\$	4.79
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2		3		100.62		33.54	.143		50.31		4.79
#CALIF DEPT OF HEALTH SERV				MONTH-OF-		EPORT			DEC '		PΔ	GE 14,124
MOP024	FEE-FOR-SERVICE		IIONEO I	1011111 01	I I I I I I I I I I I I I I I I I I I	JI 01(I	TOIL OTHER 2	.001 111110	υшо .	2001		03/14/05
SHASTA COUNTY	SUMMARY OF SERV		TE TT D	TCDECXDD	_ BITND	7 TD	CODES 26	67				03/11/03
SHASIA COUNTI	SOMMANI OF SERV	ICES FOR III.		LONEGAND	DHIND	AID	CODES 20	M	Оишп.	TV 717ED7	CF _	
21 ELIGIBLES	USERS	UNITS OF SER	VI CE	EVDE	NDITURES	7/7/2/2	ACE COCE	UNITS/DAY			-	OST PER
ZI EDIGIDDES	USERS			EAFE	NDIIOKES							
OALL OBUED DROWINEDG	4	OR DAYS OF			064 71			PER ELIG		USER		LIGIBLE
@ALL OTHER PROVIDERS	4	20			264.71	\$	1.27	9.905	Ş	66.18	Ş	12.61
DURABLE MED. EQUIP.	0		0		.00		.00	.000		.00		.00
BLOOD BANK	0		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000				.00
MEDICAL TRANSPORTATION	0		0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0		0		.00		.00	.000		.00		.00
OTHER TRANS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	Ö		0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000		.00		.00
OPTICIAN	0		0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0		0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0		0									
PROSTHETICS	0				.00		.00	.000		.00		.00
ORTHOTICS	U		0		.00		.00	.000		.00		.00
PSYCHOLOGIST	Ü		0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0		0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0		0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0		0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0		0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0		0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0		0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0		0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	4	20	8		264.71		1.27	9.905		66.18		12.61
@CALIF. CHILDREN SERVICES*	0		0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	10	2	7 \$		1,298.39	\$	48.09			129.84		61.83
@* TOTALS IN THESE LINES ARE				ONLY:	•							
THE AMOUNTS ARE ALREADY IN												
** THESE DATA ARE INCLUDED I												
	MEDI-CAL SERVICE				PAYMENT RE	EPORT	FOR JAN 2	004 THRII	DEC '	2004	PΔ	GE 14,125
MOP024	FEE-FOR-SERVICE	-					_ OI(OIII				1 17	03/14/05
SHASTA COUNTY	SUMMARY OF SERV		TE TT D	TSRECARD	- DISZRIET		CODES 36	66 6C				00/11/00
DIMIDIA COUNTI	SOUTH OF SERV	LUMU FUN III.	. ע דד היי	FOILEGAILD	PINGULL	עדע ס	20000 00	M	ЮИшп.	T.V 217507	CF -	
2,867 ELIGIBLES	USERS	UNITS OF SER	VICE	rvpr	NDITURES	7 (1 C C	ACF COST					OST PER
7,001 ELIGIDES	CALCO	OB DAVS OF SEK		EAFE	TANTIONES			DED FITC	-			USI PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

@TOTAL, ALL PROVIDERS	2,669	36,958	\$ 1,603,326.69	\$ 43.38	12.891	\$ 600.72	\$ 559.23
@PHYSICIANS SERVICES	497	1,641	\$ 23,805.81	\$ 14.51	.572	\$ 47.90	\$ 8.30
OUTPATIENT VISITS	9	11	324.46	29.50	.004	36.05	.11
OFFICE VISITS	8	9	201.90	22.43	.003	25.24	.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.000	108.08	.04
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	14.48	14.48	.000	14.48	.01
INPATIENT VISITS	5	21	721.04	34.34	.007	144.21	.25
HOSPITAL VISITS	5	21	721.04	34.34	.007	144.21	.25
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	147.57	49.19	.001	49.19	.05
EXAMINATIONS	3	3	147.57	49.19	.001	49.19	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	3	1,090.91	363.64	.001	363.64	.38
PRINCIPAL SURGEON	2	2	913.70	456.85	.001	456.85	.32
ASSISTANT SURGEON	1	1	177.21	177.21	.000	177.21	.06
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	295.23	295.23	.000	295.23	.10
PRINCIPAL SURGEON	1	1	295.23	295.23	.000	295.23	.10
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	3.50	3.50	.000	3.50	.00
RADIOLOGY	14	24	2,535.50	105.65	.008	181.11	.88
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	10.93	10.93	.000	10.93	.00
OTHER SERVICES/ALL X-OVERS	480	1 , 576	18 , 676.67	11.85	.550	38.91	6.51
@PHARMACY	2,307	19 , 578	\$ 1,291,827.26	\$	6.829	\$ 559.96	\$ 450.59
PRESCRIPTION DRUGS	2,295	12,239	1,274,359.58	104.12	4.269	555.28	444.49

SNF/ICF	30	198	26,102.69	131.83	.069	870.09	9.10
OUTPATIENTS	2,275	12,041	1,248,256.89	103.67	4.200	548.68	435.39
MEDICAL SUPPLIES	200	7,339	17,467.68	2.38	2.560	87.34	6.09
@DENTIST	169	742 \$	23,383.00 \$	31.51	.259	\$ 138.36	\$ 8.16
VISITS - DIAGNOSTIC	114	479	5,121.00	10.69	.167	44.92	1.79
ORAL SURGERY	26	62	3,294.00	53.13	.022	126.69	1.15
DRUGS	2	5	75.00	15.00	.002	37.50	.03
ANESTHESIA	5	5	500.00	100.00	.002	100.00	.17
PERIODONTICS	9	9	826.00	91.78	.003	91.78	.29
ENDODONTICS	12	13	2,415.00	185.77	.005	201.25	.84
RESTORATIVE DENTISTRY	44	86	5,675.00	65.99	.030	128.98	1.98
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	22	61	5,477.00	89.79	.021	248.95	1.91
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	6	22	.00	.00	.008	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN	2004 THRU	DEC 2004	PAGE 14,126

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,126 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

SHASIA COUNII	SUMMARI OF SER	VICES FOR I.	TITE T	I DI	SKEGARD - DISABLEL	AII	J CODES 30		~ » тп		α.	
0.067.71.767777										THLY AVERA	.GE	
2,867 ELIGIBLES	USERS	UNITS OF SI			EXPENDITURES		ERAGE COST		S	COST PER		COST PER
0.0000000000000000000000000000000000000	0.0	OR DAYS O			4 071 54		R UNIT/DAY	PER ELIG	<u> </u>	USER	<u> </u>	ELIGIBLE
@OPTOMETRIST	82	4	217	\$	4,971.54	\$	22.91	.076	Ş		\$	
DIAGNOSTIC AND ANC. PROCED	18		19		778.37		40.97	.007		43.24		.27
EYE APPLIANCES	62	-	180		3,842.71		21.35	.063		61.98		1.34
OTHER OPTOMETRIC SERVICES	13		18		350.46		19.47	.006		26.96		.12
@CHIROPRACTOR	10		15	\$		\$.005	Ş		Ş	.08
VISITS	4		8		125.40		15.68	.003		31.35		.04
OTHER SERVICES	6		7		111.02		15.86	.002		18.50		.04
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1		3	\$	224.58	\$	74.86	.001	\$	224.58	\$.08
NURSE ANESTHESIST	1		1	\$	8.98	\$	8.98	.000	\$	8.98	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3		5	\$	56.63	\$	11.33	.002	\$	18.88	\$.02
@TOTAL HOSPITAL	199	8	865	\$	119,119.42	\$	137.71	.302	\$	598.59	\$	41.55
HOSP INPATIENT TOTAL	47		25		100,553.31		4022.13	.009		2139.43		35.07
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	3		25		48,005.44		1920.22	.009		16001.81		16.74
ACCOMMODATIONS	3		25		12,791.04		511.64	.009		4263.68		4.46
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3		25		12,791.04		511.64	.009		4263.68		4.46
ANCILLARIES	3		0		35,214.40		.00	.000		11738.13		12.28
INPATIENT CROSSOVERS	44		0		52,547.87		.00	.000		1194.27		18.33
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	158	8	840		18,566.11		22.10	.293		117.51		6.48
MEDICAL	11		26		819.36		31.51	.009		74.49		.29
SURGERY	2		2		8.46		4.23	.001		4.23		.00
PATHOLOGY	6		16		214.57		13.41	.006		35.76		.07
	•		-				- /					

RADIOLOGY	2	3		73.72		24.57	.001	36.86	.03	
ROOM USE	9	16		488.31		30.52	.006	54.26	.17	
CROSSOVERS/ALL OTH OUTPINT	146	777	1	6,961.69		21.83	.271	116.18	5.92	
@COUNTY HOSPITAL TOTAL	1	0	\$	12.06	\$.00	.000	\$ 12.06	\$.00	
CO HOSPITAL INPATIENT TOTAL	1	0		12.06		.00	.000	12.06	.00	
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00	
ANCILLARIES	0	0		.00		.00	.000	.00	.00	
INPATIENT CROSSOVERS	1	0		12.06		.00	.000	12.06	.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00	
MEDICAL	0	0		.00		.00	.000	.00	.00	
SURGERY	0	0		.00		.00	.000	.00	.00	
PATHOLOGY	0	0		.00		.00	.000	.00	.00	
RADIOLOGY	0	0		.00		.00	.000	.00	.00	
ROOM USE	0	0		.00		.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUE	RES MONTH-OF-	PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC 2004	PAGE 14,127	
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05	
SHASTA COUNTY	SUMMARY OF SERVICES FOR	TITLE]	II DISREGARD	- DISABLE	D AID	CODES 36	66 6C			

----- MONTHLY AVERAGE -----2,867 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE ELIGIBLE 865 \$ 198 @COMMUNITY HOSPITAL TOTAL 119,107.36 \$ 137.70 .302 \$ 601.55 \$ 41.54 25 COMM HOSP INPATIENT TOTAL 35.07 HSC HOSPITALS 0 .00 25 NON-HSC HOSPITALS TOTAL 16.74 25 ACCOMMODATIONS 4.46 25 0 0 25 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE .00 25 0 0 0 840 26 ALL OTHER ACCOM ANCILLARIES 12.28 43 INPATIENT CROSSOVERS
ALL OTHER INPATIENT 18.32 0 -58 11 2 6 2 3 9 16 777 0 0 0 0 .00 COMM HOSP OUTPATIENT TOTAL 6.48 MEDICAL .29 SURGERY PATHOLOGY .07 .03 RADIOLOGY ROOM USE .17 CROSSOVERS/ALL OTH OUTPTNT 146 5.92 \$ 0 0 36 \$ @STATE HOSPITAL .00 MENTALLY ILL DEVELOP. DISABLED .00 7,152.60 \$ 198.68 .013 \$ 2384.20 \$ @NURSING FACILITY 2.49 0 0 .00 .000 .00 LEV A-INTERMEDIATE .00 .00 .00 LEV B-REHAB MD .00 .00 .000 .00 Ö .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 .00 .00 LEV B-SUBACUTE HSPTL BASED .00 .000 0 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 7,152.60 198.68 36 2384.20 LEV B-REGULAR .013 2.49 1,313.76 \$.00 @INTERMEDIATE CARE FACIL.-DD .000 \$.00 \$

ICF DDH	0	0		1,313.76		.00	.000		.00		.46
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	12	16	\$	9,098.96	\$	568.69	.006	\$	758.25	\$	3.17
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	12	16		9,098.96		568.69	.006		758.25		3.17
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	46	108	\$	1,248.93	\$	11.56	.038	\$	27.15	\$.44
PATHOLOGY	20	62		748.99		12.08	.022		37.45		.26
XO AND OTHERS	26	46		499.94		10.87	.016		19.23		.17
@ORGANIZED OUTPATIENT CLINIC	732	1,215	\$	54,951.73	\$	45.23	.424	\$	75.07	\$	19.17
CLINIC	2	2		37.79		18.90	.001		18.90		.01
SURGICENTER	9	20		2,794.16		139.71	.007		310.46		.97
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	727	1,193		52,119.78		43.69	.416		71.69		18.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	RES :	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	ΡĀ	AGE 14,128
MOP024	FEE-FOR-SERVICE/DENT	ΓAL									03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES	FOR TITLE	II D	ISREGARD - DISABLE	D AID	CODES 3	666C				

----- MONTHLY AVERAGE -----EXPENDITURES 2,867 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 421 65,927.07 \$ 5.27 @ALL OTHER PROVIDERS 12,516 \$ 4.366 \$ 156.60 \$ 23.00 DURABLE MED. EQUIP. 36 113 25,069.72 221.86 .039 696.38 8.74 0 3 41 BLOOD BANK .00 .00 .000 .00 374.90 374.90 HEARING AID DISPENSERS 1,124.69 .001 .39 188.03 6.11 MEDICAL TRANSPORTATION 1,261 7,709.19 .440 2.69 AMBULANCES/AIR TRANS 7 139.50 .00 .41 2.36 .024 16.88 .006 69.82 .031 .00 .000 29.92 .024 .00 19.93 .002 69.75 .05 34 2.58 OTHER TRANS 1,184 7,404.60 217.78 165.09 23.58 OTHER SERVICES 70 .06 .006 38.59 .031 877.70 .000 .00 ACUPUNCTURE 16 270.13 6,143.92 ADULT DAY HEALTH CARE CTR 2.14 GENETIC DISEASE TESTING 0 .00 .00 9,094.49 17 70 .024 534.97 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 .00 .00 .00 1,841.75 26.69 OPTICIAN 69 169 10.90 .059 .006 .059 .64 243.47 13.53 243.47 PHYSICAL THERAPIST 18 .00 PORTABLE X-RAY 0 .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS 365.74 17.42 73.15 .007 .13 365.74 17.42 73.15 PROSTHETICS .007 0 .00 .00 .000 .00 ORTHOTICS .00 .00 .00 PSYCHOLOGIST .000 .00 .00 226.28 25.14 75.43 SPEECH AND AUDIOLOGY .003 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 .00 LOCAL EDUCATION AGENCIES .000 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. .000 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .000 .00 13,837.69 ALL OTHER PROVIDERS 10,748 1.29 3.749 52.02 4.83 94.34 \$ @CALIF. CHILDREN SERVICES* .000 \$ 1 1 94.34 94.34 \$.03 @XOVER EXCLUDING STATE HOSP** 771 7,268 114,550.32 \$ 15.76 2.535 \$ 148.57 \$ 39.95

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PAGE 14,129

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

SHASIA COUNII	SUMMARI OF SERVICE	S FUR		L DISK	EGARD - FAMILIES	DISCONTINO			GF:
00 81 1018189	HOEDO	TEC 05	OPDIZE OF				MONT		
00 ELIGIBLES			SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
0.00.00.00.00.00.00.00.00.00.00.00.00.0		R DAYS	OF CARE	<u>^</u>	0.0	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		Ö		.00	.00	.000	.00	.00
EXAMINATIONS	0		Ö		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
	0		0						
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	•		-		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00	.00	.000	.00	.00
SNF/ICF	0		0		.00	.00	.000	.00	.00
OUTPATIENTS	0		0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00	.00
@DENTIST	0		0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00	.00	.000	.00	.00
ORAL SURGERY	0		0		.00	.00	.000	.00	.00
DRUGS	0		0		.00	.00	.000	.00	.00
ANESTHESIA	0		0		.00	.00	.000	.00	.00
PERIODONTICS	0		0		.00	.00	.000	.00	.00
	0		0			.00	.000	.00	.00
ENDODONTICS	0				.00				
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00	.00
PROSTHETICS	· · · · · · · · · · · · · · · · · · ·		0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0		0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

0

ALL OTHER ACCOM ANCILLARIES

SHASTA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

							M	ONI	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	Ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
@TOTAL HOSPITAL	0	0	Ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00

0

.00

.00

.000

PAGE 14,130

03/14/05

.00

.00

TNDAMTENM CDCCCVEDC	0	0		.00	0.0	0.00	.00	0.0
INPATIENT CROSSOVERS	•				.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
	0		Ċ					
@COUNTY HOSPITAL TOTAL	U	0	\$.00	\$.00	.000		
CO HOSPITAL INPATIENT TOTAL	Ü	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
	0	0						
CO HOSP OUTPATIENT TOTAL	U	U		.00	.00	.000	.00	.00
MEDICAL	U	U		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MON'	TH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DE	EC 2004	PAGE 14,131
MOP024	FEE-FOR-SERVICE	/DENTAL						03/14/05
MOP024 SHASTA COUNTY	FEE-FOR-SERVICE		DISR	EGARD - FAMILIES	DISCONTINI	IED		03/14/05
MOPU24 SHASTA COUNTY		/DENTAL ICES FOR TITLE II	DISR	EGARD - FAMILIES	DISCONTIN		JTHIV AVERA	
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II	DISR			MON		AGE
		ICES FOR TITLE II UNITS OF SERVICE	DISR	EGARD - FAMILIES EXPENDITURES	AVERAGE COST	MON UNITS/DAYS	COST PER	GE COST PER
SHASTA COUNTY 00 ELIGIBLES	SUMMARY OF SERV USERS	ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON UNITS/DAYS PER ELIG	COST PER USER	GE COST PER ELIGIBLE
SHASTA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS 0	ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0	DISR	EXPENDITURES .00	AVERAGE COST PER UNIT/DAY \$.00	MON UNITS/DAYS PER ELIG .000 S	COST PER USER .00	COST PER ELIGIBLE \$.00
SHASTA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 0		EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	MON UNITS/DAYS PER ELIG .000 \$	COST PER USER .00 .00	COST PER ELIGIBLE \$.00
SHASTA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0		EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00
SHASTA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0		EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00	COST PER ELIGIBLE \$.00
SHASTA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0		EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00
SHASTA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV USERS 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0		EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00
SHASTA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0		EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 S .000 .000 .000	COST PER USER .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00
SHASTA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV USERS 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0		EXPENDITURES .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
SHASTA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV USERS 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0		EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
SHASTA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV USERS 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
SHASTA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV USERS 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
SHASTA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV USERS 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
OO ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV USERS 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 S .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
OO ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 S .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
OO ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 S .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
OO ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 S .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
OO ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 S .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
OO ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 S .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
OO ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 S .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
OO ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 S .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
OO ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Ş	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 S .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
OO ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O	Ş	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 S .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
OO ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O	\$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 S .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
OO ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O	Ş	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 S .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-OF	F-PAYMENT RE	EPORT :	FOR JAN 2004	1 THRU	DEC	2004	PAC	E 14,132
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DISREGARI	- FAMILIES	5 D	ISCONTINUED					
							N	IONTH	LY AVERA	GE	

					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,133 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

					MONT	HLY AVERAG	E
6,159 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5,801	99,240 \$	3,273,414.06	\$ 32.98	16.113 \$	564.28	\$ 531.48
@PHYSICIANS SERVICES	1,286	4,200 \$	63,306.16	\$ 15.07	.682 \$	49.23	\$ 10.28
OUTPATIENT VISITS	17	21	442.30	21.06	.003	26.02	.07
OFFICE VISITS	16	18	319.74	17.76	.003	19.98	.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.000	108.08	.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	14.48	7.24	.000	7.24	.00
INPATIENT VISITS	5	21	721.04	34.34	.003	144.21	.12
HOSPITAL VISITS	5	21	721.04	34.34	.003	144.21	.12
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	147.57	49.19	.000	49.19	.02
EXAMINATIONS	3	3	147.57	49.19	.000	49.19	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	3	1,090.91	363.64	.000	363.64	.18
PRINCIPAL SURGEON	2	2	913.70	456.85	.000	456.85	.15
ASSISTANT SURGEON	1	1	177.21	177.21	.000	177.21	.03
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	3	430.96	143.65	.000	143.65	.07
PRINCIPAL SURGEON	2	2	341.02	170.51	.000	170.51	.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1	89.94	89.94	.000	89.94	.01
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	7.13	3.57	.000	3.57	.00
RADIOLOGY	14	24	2,535.50	105.65	.004	181.11	.41
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	3	28.53	9.51	.000	9.51	.00
OTHER SERVICES/ALL X-OVERS	1,264	4,120	57,902.22	14.05	.669	45.81	9.40
@PHARMACY	5,048	55 , 856 \$	2,387,609.74	\$ 42.75	9.069 \$	472.98	\$ 387.66
PRESCRIPTION DRUGS	5,006	26,445	2,347,251.61	88.76	4.294	468.89	381.11
SNF/ICF	77	566	48,947.66	86.48	.092	635.68	7.95
OUTPATIENTS	4,947	25 , 879	2,298,303.95	88.81	4.202	464.59	373.16
MEDICAL SUPPLIES	447	29 , 411	40,358.13	1.37	4.775	90.29	6.55
@DENTIST	301	1,312 \$	49,944.00	\$ 38.07	.213 \$	165.93	\$ 8.11
VISITS - DIAGNOSTIC	193	818	8,824.00	10.79	.133	45.72	1.43
ORAL SURGERY	47	149	7,721.00	51.82	.024	164.28	1.25
DRUGS	4	8	120.00	15.00	.001	30.00	.02
ANESTHESIA	7	7	700.00	100.00	.001	100.00	.11
PERIODONTICS	16	16	1,559.00	97.44	.003	97.44	.25
ENDODONTICS	14	15	2,935.00	195.67	.002	209.64	.48
RESTORATIVE DENTISTRY	70	133	8,390.00	63.08	.022	119.86	1.36
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	56	136	19,695.00	144.82	.022	351.70	3.20
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	9	30	.00	.00	.005	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 14,134
MOP024	FEE-FOR-SERVICE/DEN	ITAL					03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES	FOR TITLE II I	DISREGARD - TOTAL				

SHASIA COUNTI	SUMMARI OF SER	VICES FOR IIILE	II DIS	SKEGARD - IUIAL			Mo	\cap NIT	ממשלא אווי	CE	
6,159 ELIGIBLES	USERS	UNITS OF SERVIC	F	EXPENDITURES	Z\ 7.7	ERAGE COST				.GE	COST PER
0,139 ED1G1DDE3	ODERD	OR DAYS OF CAR		EXIENDITORES		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	158	415	\$	9,735.38	\$.067			Ġ	1.58
DIAGNOSTIC AND ANC. PROCED	29	31	Y	1,123.71	Y	36.25	.005	Ÿ	38.75	Y	.18
EYE APPLIANCES	125	352		8,044.88		22.85	.057		64.36		1.31
	21	32									.09
OTHER OPTOMETRIC SERVICES	14		Ċ	566.79	Ċ	17.71	.005	Ċ	26.99	<u>_</u>	
@CHIROPRACTOR		19	\$	303.30	\$	15.96	.003	Ş	21.66	Ş	.05
VISITS	4	8		125.40		15.68	.001		31.35		.02
OTHER SERVICES	10	11	_	177.90	_	16.17	.002	_	17.79	_	.03
@PODIATRIST	10	17	\$	162.30	\$	9.55	.003	Ş	16.23	Ş	.03
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	10	17		162.30		9.55	.003		16.23		.03
@HOME HEALTH AGENCY	1	3	\$	224.58	\$	74.86	.000		224.58	\$.04
NURSE ANESTHESIST	1	1	\$	8.98	\$	8.98	.000		8.98	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	5	\$		\$	11.33	.001		18.88		.01
@TOTAL HOSPITAL	413	1,719	\$	210,263.97	\$.279		509.11		34.14
HOSP INPATIENT TOTAL	120	25	•	162,864.01		6514.56	.004		1357.20	·	26.44
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	3	25		48,005.44		1920.22	.004		16001.81		7.79
ACCOMMODATIONS	3	25		12,791.04		511.64	.004		4263.68		2.08
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	25		12,791.04		511.64	.004		4263.68		2.08
ANCILLARIES	3	0		35,214.40		.00	.000		11738.13		5.72
INPATIENT CROSSOVERS	117	0		114,858.57		.00	.000		981.70		18.65
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	308	1,694		47,399.96		27.98	.275		153.90		7.70
HOSP OUTPATIENT TOTAL											
MEDICAL	11	26		819.36		31.51	.004		74.49		.13
SURGERY	2	2		8.46		4.23	.000		4.23		.00
PATHOLOGY	6	16		214.57		13.41	.003		35.76		.03
RADIOLOGY	2	3		73.72		24.57	.000		36.86		.01
ROOM USE	9	16		488.31		30.52	.003		54.26		.08
CROSSOVERS/ALL OTH OUTPTNT		1,631		45,795.54		28.08	.265		154.71		7.44
@COUNTY HOSPITAL TOTAL	1	0	\$	12.06	\$.00	.000	\$		\$.00
CO HOSPITAL INPATIENT TOTAL		0		12.06		.00	.000		12.06		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	1	0	12.06	.00	.000	12.06	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
		ES AND EXPENDITURES M					PAGE 14,135
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
SHASTA COUNTY	SUMMARY OF SERV	'ICES FOR TITLE II DI	SREGARD - TOTAL				
					MON	THLY AVERAC	E
6,159 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	412	1 , 719 \$	210,251.91	\$ 122.31	.279 \$	510.32	\$ 34.14
COMM HOSP INPATIENT TOTAL	119	25	162,851.95	6514.08	.004	1368.50	26.44
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	25	48,005.44	1920.22	.004	16001.81	7.79
ACCOMMODATIONS	3	25	12,791.04	511.64	.004	4263.68	2.08
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	25	12,791.04	511.64	.004	4263.68	2.08
ANCILLARIES	3	0	35,214.40	.00	.000	11738.13	5.72
INPATIENT CROSSOVERS	116	0	114,846.51	.00	.000	990.06	18.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	308	1,694	47 , 399.96	27.98	.275	153.90	7.70
MEDICAL	11	26	819.36	31.51	.004	74.49	.13
SURGERY	2	2	8.46	4.23	.000	4.23	.00
PATHOLOGY	6	16	214.57	13.41	.003	35.76	.03
RADIOLOGY	2	3	73.72	24.57	.000	36.86	.01
ROOM USE	9	16	488.31	30.52	.003	54.26	.08

CROSSOVERS/ALL OTH OUTPINT		1,631		45,795.54		28.08	.265		154.71		7.44
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	84	1,206	\$	225,738.47	\$	187.18		\$	2687.36	\$	36.65
LEV A-INTERMEDIATE	6	1,206 122 324		10,923.88		89.54	.020		1820.65		1.77
LEV B-REHAB MD	9	324		40,598.63		125.30	.053		4510.96		6.59
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	69	760		174,215.96		229.23	.123		2524.87		28.29
@INTERMEDIATE CARE FACILDD	0	0	\$	1,313.76	\$.00	.000	\$.00	\$.21
ICF DDH	0	0		1,313.76		.00	.000		.00		.21
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	20	27	\$	15,213.76	\$	563.47	.004	\$	760.69	\$	2.47
HOSPITAL BASED	0 0 0 20 0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	20	27		15,213.76		563.47	.004		760.69		2.47
GHEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER GREHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY GLABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	82	168	\$	1,715.54	\$	10.21	.027	\$	20.92	\$.28
PATHOLOGY	21	67		752.34		11.23	.011		35.83		.12
XO AND OTHERS	61	101		963.20		9.54	.016		15.79		.16
@ORGANIZED OUTPATIENT CLINIC	1,325	2,190	\$	95,032.50	\$	43.39	.356	\$	71.72	\$	15.43
CLINIC	2	2		37.79		18.90	.000		18.90		.01
SURGICENTER	37	65		11,008.35		169.36	.011		297.52		1.79
HEROIN DETOX CLINIC	Ō	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,296	2,123		83,986.36		39.56	.345		64.80		13.64
#CALIF DEPT OF HEALTH SERV			RES M	IONTH-OF-PAYMENT RI	EPOR'	r for jan 2	2004 THRU	DEC	2004	P	AGE 14,136
MOP024	FEE-FOR-SERVICE										03/14/05
SHASTA COUNTY		JICES FOR TITLE	II DI	SREGARD - TOTAL							
							M	ONT	HLY AVERA	.GE	
6,159 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,277	32 102	\$	212,784.99	\$	6.63	5.212	\$	166.63	\$	34.55
DURABLE MED. EOUIP.	, 83	179	·	37,409.75		208.99	.029		450.72	•	6.07
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	4.5	88		14,213.45		161.52	.014		315.85		2.31
MEDICAL TRANSPORTATION	122	2,404		13,776.25		5.73	.390		112.92		2.24
AMBULANCES/AIR TRANS	5	10		199.50		19.95	.002		39.90		.03
OTHER TRANS	105	2.230		12,016.50		5.39	.362		114.44		1.95
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	26	2,230 164		1,560.25		9.51	.027		60.01		.25
ACUPUNCTURE	7	16		270.13		16.88	.003		38.59		.04
ADULT DAY HEALTH CARE CTR	7 43	635		44,204.18		69.61	.103		1028.00		7.18
GENETIC DISEASE TESTING	0	055		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	1.64	1 754		.00		20.60	.000		240.40		0.00

IHMC, MODEL-NF, NF, AIDS, MSSP

OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

PHYSICAL THERAPIST PORTABLE X-RAY

PROSTHETICS ORTHOTICS

PSYCHOLOGIST

OPTICIAN

164

0

163

1

2

10

10

0

1

28

1,754

0

384

18

6

28

28

0

1

57,314.88

.00

4,589.85

243.47

6.32

668.47

668.47

.00

38.49

4,326.37

32.68

.00

11.95

13.53

1.05

23.87

23.87

.00

38.49

86.53

.285

.000

.062

.003

.001

.005

.005

.000

.000

.008

349.48

.00

28.16

3.16

66.85

66.85

.00

38.49

154.51

243.47

9.31

.00

.75

.04

.00

.11

.11

.00

.01

.70

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	779	26 , 539		35,723.38	1.35	4.309	45.86	5.80
@CALIF. CHILDREN SERVICES*	1	1	\$	94.34	\$ 94.34	.000	\$ 94.34	\$.02
@XOVER EXCLUDING STATE HOSP**	2,072	24,780	\$	361,510.69	\$ 14.59	4.023	\$ 174.47	\$ 58.70
O+ MOMATO TAL MURGE TIMES AND CITE	N	TATEODAGAETOAT	THURS OR	TT 37				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,137 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SHASTA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

SHASTA COUNTY	SUMMARY OF SER	VICES FOR IN HOME SC	PPORT - AGED	AID CODE	18		
					MON	THLY AVERAGE	
2,570 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	_	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,348	130,972 \$	1,382,660.71	\$ 10.56	50.962 \$		
@PHYSICIANS SERVICES	471	1,247 \$	17 , 951.72	\$ 14.40	.485 \$		6.99
OUTPATIENT VISITS	3	1	44.35CR		.000	14.78CR	.02CR
OFFICE VISITS	2	2	24.00	12.00	.001	12.00	.01
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1CR	68.35CR	68.35	.000	68.35CR	.03CR
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	469	1,246	17,996.07	14.44	.485	38.37	7.00
@PHARMACY	1,799	57,011 \$	632,932.21	\$ 11.10	22.183 \$	351.82 \$	246.28
PRESCRIPTION DRUGS	1,750	8 , 676	614,438.10	70.82	3.376	351.11	239.08
SNF/ICF	46	407	20,619.41	50.66	.158	448.25	8.02
OUTPATIENTS	1,711	8,269	593,818.69	71.81	3.218	347.06	231.06
MEDICAL SUPPLIES	251	48,335	18,494.11	.38	18.807	73.68	7.20
@DENTIST	70	190 \$	11,568.00	\$ 60.88	.074 \$	165.26 \$	4.50
VISITS - DIAGNOSTIC	46	113	1,703.00	15.07	.044	37.02	.66
ORAL SURGERY	8	17	797.00	46.88	.007	99.63	.31

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.000		100.00		.04
PERIODONTICS	1	1		118.00		118.00	.000		118.00		.05
ENDODONTICS	1	1		260.00		260.00	.000		260.00		.10
RESTORATIVE DENTISTRY	9	16		1,441.00		90.06	.006		160.11		.56
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	16	36		6,699.00		186.08	.014		418.69		2.61
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	2		450.00		225.00	.001		450.00		.18
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	1	2		.00		.00	.001		.00		.00
ALL OTHER SERVICES	2	1		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO		EC N	MONTH-OF-PAYMENT RE	יים∩קיי)FC		D	AGE 14,138
MOP024	FEE-FOR-SERVICE		(110)	MONIII OF TATMENT RE	11 01(1	FOR OAN A	2004 11110 1		2004		03/14/05
SHASTA COUNTY				PPORT - AGED		AID CODE	1 0				03/14/03
SHASIA COUNTI	SUMMARI OF SER	VICES FOR IN HOME	7 201	PPORI = AGED		AID CODE		חומר	III V 717ED7	CE.	
0 F70 F1 FG1D1 FG	HORDO	INTEG OF GERMAN	,		7 7 7 7	DAGE GOGE	M				
2,570 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY:	5			COST PER
	= 0	OR DAYS OF CARE					PER ELIG	_	USER		ELIGIBLE
@OPTOMETRIST	52	146	\$		\$.057	Ş	95.23	Ş	1.93
DIAGNOSTIC AND ANC. PROCED	4	4		138.50		34.63	.002		34.63		.05
EYE APPLIANCES	37	114		4,407.21		38.66	.044		119.11		1.71
OTHER OPTOMETRIC SERVICES	13	28		406.34		14.51			31.26		.16
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	16	20	\$	157.44	\$	7.87	.008	\$	9.84	\$.06
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	16	20		157.44		7.87	.008		9.84		.06
@HOME HEALTH AGENCY	0	0	Ġ	.00	Ġ	.00	.000	Ġ	.00	Ś	.00
NURSE ANESTHESIST	0	0	¢	.00	Ċ	.00	.000		.00		.00
NURSE MIDWIFE	0	0	Ċ	.00	Ċ	.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0	ڊ خ		\$.00	.000		.00		.00
	2	6	ې د								
FAMILY NURSE PRACTITIONER	168		Ş	37.12		6.19	.002		18.56		.01
@TOTAL HOSPITAL		694	Ş	66,383.01	\$	95.65	.270	Ş	395.14	\$	25.83
HOSP INPATIENT TOTAL	53	0		49,631.39		.00	.000		936.44		19.31
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	53	0		49,631.39		.00	.000		936.44		19.31
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	120	694		16,751.62		24.14	.270		139.60		6.52
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	Õ		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
	· ·										
CROSSOVERS/ALL OTH OUTPINT		694	Ċ	16,751.62	Ċ	24.14	.270	Ċ	139.60	ć	6.52
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
	0	0				.00	.000			.00
ALL OTHER ACCOM	0	0		.00		.00		.00		.00
ANCILLARIES	0	0		.00			.000	.00		
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	U	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	U	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	_	.00
			URES M	ONTH-OF-PAYMENT R	EPORT .	FOR JAN 2	2004 THRU D.	EC 2004	P	AGE 14,139
	FEE-FOR-SERVICE/I									03/14/05
SHASTA COUNTY	SUMMARY OF SERVIC	CES FOR IN HO	ME SUP	PORT - AGED	I	AID CODE				
								NTHLY AVERA		
2,570 ELIGIBLES		NITS OF SERVI		EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF CA					PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	168	694	\$	66,383.01	\$	95.65	.270	•	Ş	
COMM HOSP INPATIENT TOTAL	53	0		49,631.39		.00	.000	936.44		19.31
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00 49,631.39		.00	.000	.00		.00
INPATIENT CROSSOVERS	53	0				.00	.000	936.44		19.31
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	120	694		16,751.62		24.14	.270	139.60		6.52
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	120	694		16,751.62		24.14	.270	139.60		6.52
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	112	2,304	\$	303,879.37	\$	131.89	.896	\$ 2713.21	\$	118.24
LEV A-INTERMEDIATE	9	213		19,479.42		91.45	.083	2164.38		7.58
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
TELL D. DECLITAD	100	0 001		204 200 05		1 2 6 0 1	014	0761 16		110 66

284,399.95

13,961.09

13,961.09

.00

.00

.00

.00

.00

136.01

450.36

450.36

.00

.00

.00

.00

.00

\$

.814

.000

.000

.000

.000

.012

.000 \$

.012 \$

2761.16

.00 \$

.00

.00

.00

558.44 \$

.00

558.44

110.66

.00

.00

.00

.00

5.43

.00

5.43

2,091

0

0

0

0

31

0

31

103

0

0

0

0

0

25

25

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	36	96	\$	657.61	\$	6.85	.037	\$	18.27	\$.26
PATHOLOGY	3	11		175.63		15.97	.004		58.54		.07
XO AND OTHERS	33	85		481.98		5.67	.033		14.61		.19
@ORGANIZED OUTPATIENT CLINIC	251	434	\$	15,653.29	\$	36.07	.169	\$	62.36	\$	6.09
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	15	23		3,677.99		159.91	.009		245.20		1.43
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	240	411		11,975.30		29.14	.160		49.90		4.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	ES M	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2004 THRU	DEC	2004	P7	AGE 14,140
MOP024	FEE-FOR-SERVICE	C/DENTAL									03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUP	PPORT - AGED		AID CODE	18				
							M	IONT	HLY AVERA	GE ·	
2,570 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE			PER	. UNIT/DAY	PER ELIC	;	USER		ELIGIBLE
@ALL OTHER PROVIDERS	959	68 , 793	\$	314,527.80	\$	4.57	26.768	\$	327.97	\$	122.38
DURABLE MED. EQUIP.	47	186		39,046.09		209.93	.072		830.77		15.19
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	25	41		8,334.76		203.29	.016		333.39		3.24
MEDICAL TRANSPORTATION	109	5,054		20,040.26		3.97	1.967		183.86		7.80
AMBULANCES/AIR TRANS	5	15		270.03		18.00	.006		54.01		.11
OTHER TRANS	103	4,967		19,457.33		3.92	1.933		188.91		7.57
OTHER SERVICES	20	72		312.90		4.35	.028		15.65		.12
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	120	1,549		107,807.26		69.60	.603		898.39		41.95
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	304	2,370		105,582.03		44.55	.922		347.31		41.08
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	49	118		1,510.52		12.80	.046		30.83		.59
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

PORTABLE X-RAY	1	1	.65	.65	.000	.65	.00
PROSTHETIST/ORTHOTISTS	1	1	27.52	27.52	.000	27.52	.01
PROSTHETICS	1	1	27.52	27.52	.000	27.52	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	7	842.62	120.37	.003	168.52	.33
HOSPICE SERVICES	0	0	12.51	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	589	59 , 466	31,323.58	.53	23.139	53.18	12.19
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	998	10,303	\$ 153,422.72	\$ 14.89	4.009	\$ 153.73	\$ 59.70

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,141 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SHASTA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

011110 111 0001111	COLUMNIC OF CER	· 1020 101 11 110112 0	0 = = 0 = 1 =	222112		1112 0022					
							MC	NTF	ILY AVERA	GE ·	
113 ELIGIBLES	USERS	UNITS OF SERVICE	E	XPENDITURES	AVE	RAGE COST	UNITS/DAYS	3 (COST PER	(COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	100	8 , 579 \$		72 , 826.09	\$	8.49	75.920	\$	728.26	\$	644.48
@PHYSICIANS SERVICES	23	152 \$		809.65	\$	5.33	1.345	\$	35.20	\$	7.17
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	23	152		809.65		5.33	1.345		35.20		7.17
@PHARMACY	88	3,163 \$		49,228.80	\$	15.56	27.991	\$	559.42	\$	435.65
PRESCRIPTION DRUGS	84	469		48,447.01		103.30	4.150		576.75		428.73

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	84	469	48,447.01	103.30	4.150	576.75	428.73
MEDICAL SUPPLIES	20	2,694	781.79	.29	23.841	39.09	6.92
@DENTIST	4	5 \$	535.00	\$ 107.00	.044	\$ 133.75	\$ 4.73
VISITS - DIAGNOSTIC	3	3	40.00	13.33	.027	13.33	.35
ORAL SURGERY	1	1	45.00	45.00	.009	45.00	.40
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	1	450.00	450.00	.009	225.00	3.98
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	S MONTH-OF-PAYMENT RE	PORT FOR JAN	2004 THRU	DEC 2004	PAGE 14,142
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	IN HOME S	SUPPORT - BLIND	AID COD	E 28		

----- MONTHLY AVERAGE -----113 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,236.33 \$ 247.27 .044 \$ 618.17 \$ 10.94 @OPTOMETRIST 5 \$.000 .00 DIAGNOSTIC AND ANC. PROCED .00 .00 1,236.33 247.27 .044 618.17 EYE APPLIANCES 10.94 .000 OTHER OPTOMETRIC SERVICES .00 .00 .00 .00 .00 \$.00 .00 \$ @CHIROPRACTOR .000 \$.00 .00 VISITS 0 .00 .000 .00 .00 0 .00 OTHER SERVICES .00 .000 .00 .00 \$ @PODIATRIST .00 \$.00 .000 \$.00 .00 .000 MEDICINE/INJECTIONS .00 .00 .00 SURGERY/ANES. .00 .000 .00 .00 .00 .00 RADIO./PATHOLOGY .00 .000 OTHER 0 .00 .00 .000 .00 .00 .00 0 .000 \$.00 \$ @HOME HEALTH AGENCY .00 \$.00 0 .00 \$.00 .000 \$.00 \$.00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 \$.00 NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER .00 \$.00 .000 \$.00 \$.00 0 FAMILY NURSE PRACTITIONER .00 \$.00 .000 \$.00 \$ 17 @TOTAL HOSPITAL 2,348.21 \$ 138.13 .150 \$ 391.37 \$ 20.78 0 HOSP INPATIENT TOTAL 2,130.00 .00 .000 1065.00 18.85 .00 .00 .00 HSC HOSPITALS .00 .000 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .000 .00 .00 .00 . 00 ACCOMMODATIONS .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .00 .00 .000 ANCILLARIES 2,130.00 1065.00 INPATIENT CROSSOVERS .00 .000 18.85 0 .00 .00 .00 .000 ALL OTHER INPATIENT .00 218.21 12.84 .150 54.55 HOSP OUTPATIENT TOTAL 0 .00 .00 .00 MEDICAL .00 .000 .00 0 SURGERY .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	17	218.21	12.84	.150	54.55	1.93
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN	2004 THRU DE	EC 2004	PAGE 14,143
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	IN HOME ST	UPPORT - BLIND	AID CODE	E 28		

SHASIA COUNTI	SUMMARI OF SER	AICES FOR IN HON	IE SUP	PORI - BLIND	AID CODE	20		
						MO1	THLY AVERA	GE
113 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	RE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	17	\$	2,348.21	\$ 138.13	.150	391.37	\$ 20.78
COMM HOSP INPATIENT TOTAL	2	0		2,130.00	.00	.000	1065.00	18.85
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0		2,130.00	.00	.000	1065.00	18.85
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	17		218.21	12.84	.150	54.55	1.93
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	4	17		218.21	12.84	.150	54.55	1.93
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	2	0	\$	3,709.50	\$.00	.000		
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2	0		3,709.50	.00	.000	1854.75	32.83
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	4	\$	18.16	\$	4.54	.035	\$	18.16	\$.16
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	1	4		18.16		4.54	.035		18.16		.16
@ORGANIZED OUTPATIENT CLINIC	13	20	\$	808.08	\$	40.40	.177	\$	62.16	\$	7.15
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	2		404.54		202.27	.018		404.54		3.58
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	12	18		403.54		22.42	.159		33.63		3.57
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	RES MONTH-	OF-PAYMENT	REPORT	FOR JAN 200	4 THRU	DEC	2004	PF	AGE 14,144
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT	- BLIND		AID CODE 28					

----- MONTHLY AVERAGE -----113 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 53 5,213 14,132.36 46.133 \$ @ALL OTHER PROVIDERS 2.71 266.65 \$ 125.07 DURABLE MED. EQUIP. 6 9 389.18 43.24 .080 64.86 BLOOD BANK .00 .00 .000 .00 1,282.03 641.02 HEARING AID DISPENSERS .018 641.02 11.35 486.75 5.23 60.84 MEDICAL TRANSPORTATION 93 .823 1 AMBULANCES/AIR TRANS 30.00 30.00 .009 30.00 .27 OTHER TRANS 91 444.89 4.89 .805 55.61 3.94 OTHER SERVICES 1 11.86 11.86 .009 11.86 .10 ACUPUNCTURE .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 284 9,993.88 35.19 2.513 499.69 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 20.38 OPTICIAN 4 40.76 10.19 .035 .36 .00 .00 .00 PHYSICAL THERAPIST .000 PORTABLE X-RAY .00 .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 .00 .00 PROSTHETICS .000 ORTHOTICS .00 .00 .00 .000 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY .000 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .000 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .000 .00 ALL OTHER PROVIDERS 4,821 1,939.76 .40 42.664 69.28 17.17 .00 @CALIF. CHILDREN SERVICES* 0 \$.00 .000 \$.00 \$ Ω .00 @XOVER EXCLUDING STATE HOSP** 44 8,691.70 29.97 2.566 \$ 197.54 \$ 76.92

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,145 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

					MON	THLY AVERA	GE
1,954 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,034	73,844 \$	1,986,251.09	\$ 26.90	37.791 \$	976.52	\$ 1016.51
@PHYSICIANS SERVICES	547	2 , 479 \$	118,182.22	\$ 47.67	1.269 \$	216.06	\$ 60.48
OUTPATIENT VISITS	144	223	9,728.50	43.63	.114	67.56	4.98
OFFICE VISITS	101	151	4,549.65	30.13	.077	45.05	2.33
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	43	61	4,764.82	78.11	.031	110.81	2.44
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	11	11	414.03	37.64	.006	37.64	.21
INPATIENT VISITS	47	190	8 , 538.07	44.94	.097	181.66	4.37
HOSPITAL VISITS	44	185	8,122.89	43.91	.095	184.61	4.16
CRITICAL CARE	1	2	243.20	121.60	.001	243.20	.12
SNF/ICF/TRANS IP CARE	3	3	171.98	57.33	.002	57.33	.09
OPHTHALMOLOGICAL SERVICES	11	11	494.82	44.98	.006	44.98	.25
EXAMINATIONS	11	11	494.82	44.98	.006	44.98	.25
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	18	265	12 , 693.37	47.90	.136	705.19	6.50
PRINCIPAL SURGEON	14	25	10,092.40	403.70	.013	720.89	5.16
ASSISTANT SURGEON	3	3	554.39	184.80	.002	184.80	.28
ANESTHESIOLOGIST	6	237	2,046.58	8.64	.121	341.10	1.05
OUTPATIENT SURGERY	18	126	4,490.44	35.64	.064	249.47	2.30
PRINCIPAL SURGEON	16	20	4,181.65	209.08	.010	261.35	2.14
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	106	308.79	2.91	.054	154.40	.16
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	15	36	334.05	9.28	.018	22.27	.17

RADIOLOGY	109	314		37,374.02		119.03	.161		342.88		19.13
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	11	213		28,274.71		132.75	.109	2	2570.43		14.47
OTHER SERVICES/ALL X-OVERS	373	1,101		16,254.24		14.76	.563		43.58		8.32
@PHARMACY	1,543	39,558	\$	1,070,674.60	\$	27.07	20.245	\$	693.89	\$	547.94
PRESCRIPTION DRUGS	1,484	8 , 570		1,032,830.62		120.52	4.386		695.98		528.57
SNF/ICF	10	58		5,183.98		89.38	.030		518.40		2.65
OUTPATIENTS	1,476	8,512		1,027,646.64		120.73	4.356		696.24		525.92
MEDICAL SUPPLIES	301	30,988		37,843.98		1.22	15.859		125.73		19.37
@DENTIST	71	319	\$	15,425.00	\$	48.35	.163	\$	217.25	\$	7.89
VISITS - DIAGNOSTIC	44	177		2,297.00		12.98	.091		52.20		1.18
ORAL SURGERY	11	47		2,081.00		44.28	.024		189.18		1.06
DRUGS	1	2		30.00		15.00	.001		30.00		.02
ANESTHESIA	3	3		300.00		100.00	.002		100.00		.15
PERIODONTICS	5	5		590.00		118.00	.003		118.00		.30
ENDODONTICS	5	7		1,710.00		244.29	.004		342.00		.88
RESTORATIVE DENTISTRY	16	45		3,257.00		72.38	.023		203.56		1.67
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	8	19		4,860.00		255.79	.010		607.50		2.49
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		300.00		300.00	.001		300.00		.15
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	9	13		.00		.00	.007		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MONTH	-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC 2	2004	PF	AGE 14,146
MOP024	FEE-FOR-SERVICE/DENTAL	ı									03/14/05
			~								

SHASIA COUNTI	SOMMAKI OF SEK	VICES FOR IN HOM	E SUF	FORT - DISABLED		AID CODE	00				
									HLY AVERA	-	
1,954 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	49	135	\$	3 , 271.79	\$	24.24	.069	\$	66.77	\$	1.67
DIAGNOSTIC AND ANC. PROCED	9	9		375.35		41.71	.005		41.71		.19
EYE APPLIANCES	42	117		2,815.32		24.06	.060		67.03		1.44
OTHER OPTOMETRIC SERVICES	6	9		81.12		9.01	.005		13.52		.04
@CHIROPRACTOR	13	22	\$	367.84	\$	16.72	.011	\$	28.30	\$.19
VISITS	11	19		317.68		16.72	.010		28.88		.16
OTHER SERVICES	2	3		50.16		16.72	.002		25.08		.03
@PODIATRIST	4	4	\$	13.04	\$	3.26	.002	\$	3.26	\$.01
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	4	4		13.04		3.26	.002		3.26		.01
@HOME HEALTH AGENCY	48	2,418	\$	77,436.13	\$	32.02	1.237	\$	1613.25	\$	39.63
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	227	1,512	\$	383,786.76	\$	253.83	.774	\$	1690.69	\$	196.41
HOSP INPATIENT TOTAL	56	199		346,603.66		1741.73	.102		6189.35		177.38
HSC HOSPITALS	4	17		23,288.00		1369.88	.009		5822.00		11.92
NON-HSC HOSPITAL TOTAL	32	182		304,456.64		1672.84	.093		9514.27		155.81
ACCOMMODATIONS	32	182		81,868.11		449.82	.093		2558.38		41.90
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	32	182		81,868.11		449.82	.093		2558.38		41.90
ANCILLARIES	32	0		222,588.53		.00	.000		6955.89		113.91

SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

SHASTA COUNTY

INPATIENT CROSSOVERS	20	0	18,859.02	.00	.000	942.95	9.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
		•					
HOSP OUTPATIENT TOTAL	186	1,313	37,183.10	28.32	.672	199.91	19.03
MEDICAL	41	88	3,073.00	34.92	.045	74.95	1.57
SURGERY	20	20	545.11	27.26	.010	27.26	.28
PATHOLOGY	36	208	2,315.83	11.13	.106	64.33	1.19
RADIOLOGY	31	41	2,762.11	67.37	.021	89.10	1.41
ROOM USE	54	73	2,775.65	38.02	.037	51.40	1.42
CROSSOVERS/ALL OTH OUTPINT	137	883	25,711.40	29.12	.452	187.67	13.16
@COUNTY HOSPITAL TOTAL	0	0 \$		\$.00	.000		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0						
ACCOMMODATIONS	U	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	
ROOM USE	0			.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DI	EC 2004	PAGE 14,147
MOP024	FEE-FOR-SERVICE	•					03/14/05
MOPU24 SHASTA COUNTY		/DENTAL ICES FOR IN HOME S	UPPORT - DISABLED	AID CODE			
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME S			MOI		.GE
		ICES FOR IN HOME S UNITS OF SERVICE	UPPORT - DISABLED EXPENDITURES	AVERAGE COST	MOI UNITS/DAYS	COST PER	GE COST PER
SHASTA COUNTY	SUMMARY OF SERV USERS	ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MOI UNITS/DAYS PER ELIG	COST PER USER	GE COST PER ELIGIBLE
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME S UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MOI UNITS/DAYS PER ELIG	COST PER	GE COST PER ELIGIBLE
SHASTA COUNTY 1,954 ELIGIBLES	SUMMARY OF SERV USERS	ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MOI UNITS/DAYS PER ELIG	COST PER USER	GE COST PER ELIGIBLE
SHASTA COUNTY 1,954 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS 227	ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 1,512 \$	EXPENDITURES 383,786.76 346,603.66	AVERAGE COST PER UNIT/DAY \$ 253.83 1741.73	UNITS/DAYS PER ELIG .774 .102	COST PER USER \$ 1690.69 6189.35	GE COST PER ELIGIBLE \$ 196.41 177.38
SHASTA COUNTY 1,954 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 227 56 4	UNITS OF SERVICE OR DAYS OF CARE 1,512 \$ 199 17	EXPENDITURES 383,786.76 346,603.66 23,288.00	AVERAGE COST PER UNIT/DAY \$ 253.83 1741.73 1369.88	UNITS/DAYS PER ELIG .774 .102 .009	COST PER USER \$ 1690.69 6189.35 5822.00	GE COST PER ELIGIBLE \$ 196.41 177.38 11.92
SHASTA COUNTY 1,954 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV USERS 227 56 4 32	UNITS OF SERVICE OR DAYS OF CARE 1,512 \$ 199 17 182	EXPENDITURES 383,786.76 346,603.66 23,288.00 304,456.64	AVERAGE COST PER UNIT/DAY \$ 253.83 1741.73 1369.88 1672.84	MOI UNITS/DAYS PER ELIG .774 .102 .009 .093	COST PER USER \$ 1690.69 6189.35 5822.00 9514.27	GE COST PER ELIGIBLE \$ 196.41 177.38 11.92 155.81
SHASTA COUNTY 1,954 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS 227 56 4 32 32	UNITS OF SERVICE OR DAYS OF CARE 1,512 \$ 199 17 182 182	EXPENDITURES 383,786.76 346,603.66 23,288.00 304,456.64 81,868.11	AVERAGE COST PER UNIT/DAY \$ 253.83 1741.73 1369.88 1672.84 449.82	MOI UNITS/DAYS PER ELIG .774 .102 .009 .093 .093	COST PER USER \$ 1690.69 6189.35 5822.00 9514.27 2558.38	COST PER ELIGIBLE \$ 196.41 177.38 11.92 155.81 41.90
SHASTA COUNTY 1,954 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV USERS 227 56 4 32 32 0	UNITS OF SERVICE OR DAYS OF CARE 1,512 \$ 199 17 182 182 0	EXPENDITURES 383,786.76 346,603.66 23,288.00 304,456.64 81,868.11 .00	AVERAGE COST PER UNIT/DAY \$ 253.83 1741.73 1369.88 1672.84 449.82 .00	MOI UNITS/DAYS PER ELIG .774 .102 .009 .093 .093	COST PER USER \$ 1690.69 6189.35 5822.00 9514.27 2558.38	COST PER ELIGIBLE \$ 196.41 177.38 11.92 155.81 41.90 .00
SHASTA COUNTY 1,954 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV USERS 227 56 4 32 32 0 0	UNITS OF SERVICE OR DAYS OF CARE 1,512 \$ 199 17 182 182 0 0	EXPENDITURES 383,786.76 346,603.66 23,288.00 304,456.64 81,868.11 .00 .00	AVERAGE COST PER UNIT/DAY \$ 253.83 1741.73 1369.88 1672.84 449.82 .00 .00	MOI UNITS/DAYS PER ELIG .774 .102 .009 .093 .093 .000	COST PER USER \$ 1690.69 6189.35 5822.00 9514.27 2558.38 .00 .00	COST PER ELIGIBLE \$ 196.41 177.38 11.92 155.81 41.90 .00 .00
SHASTA COUNTY 1,954 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV USERS 227 56 4 32 32 0 0 0 32	UNITS OF SERVICE OR DAYS OF CARE 1,512 \$ 199 17 182 182 0 0 182	EXPENDITURES 383,786.76 346,603.66 23,288.00 304,456.64 81,868.11 .00 .00 81,868.11	AVERAGE COST PER UNIT/DAY \$ 253.83 1741.73 1369.88 1672.84 449.82 .00 .00 449.82	MOI UNITS/DAYS PER ELIG .774 .102 .009 .093 .093 .000 .000	COST PER USER \$ 1690.69 6189.35 5822.00 9514.27 2558.38 .00 .00 2558.38	COST PER ELIGIBLE \$ 196.41 177.38 11.92 155.81 41.90 .00 .00 41.90
SHASTA COUNTY 1,954 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV USERS 227 56 4 32 32 0 0 0 32 32 32	UNITS OF SERVICE OR DAYS OF CARE 1,512 \$ 199 17 182 182 0 0 182 0	EXPENDITURES 383,786.76 346,603.66 23,288.00 304,456.64 81,868.11 .00 .00 81,868.11 222,588.53	AVERAGE COST PER UNIT/DAY \$ 253.83 1741.73 1369.88 1672.84 449.82 .00 .00 449.82 .00	MOI UNITS/DAYS PER ELIG .774 .102 .009 .093 .093 .000 .000	COST PER USER \$ 1690.69 6189.35 5822.00 9514.27 2558.38 .00 .00 2558.38 6955.89	COST PER ELIGIBLE \$ 196.41 177.38 11.92 155.81 41.90 .00 41.90 113.91
SHASTA COUNTY 1,954 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV USERS 227 56 4 32 32 0 0 0 32 32 32 20	UNITS OF SERVICE OR DAYS OF CARE 1,512 \$ 199 17 182 182 0 0 182 0 0	EXPENDITURES 383,786.76 346,603.66 23,288.00 304,456.64 81,868.11 .00 .00 81,868.11 222,588.53 18,859.02	AVERAGE COST PER UNIT/DAY \$ 253.83 1741.73 1369.88 1672.84 449.82 .00 .00 449.82	MOI UNITS/DAYS PER ELIG .774 : .102 .009 .093 .093 .000 .000	COST PER USER \$ 1690.69 6189.35 5822.00 9514.27 2558.38 .00 .00 2558.38 6955.89 942.95	COST PER ELIGIBLE \$ 196.41 177.38 11.92 155.81 41.90 .00 .00 41.90 113.91 9.65
SHASTA COUNTY 1,954 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV USERS 227 56 4 32 32 0 0 32 32 220 0	UNITS OF SERVICE OR DAYS OF CARE 1,512 \$ 199 17 182 182 0 0 182 0 0	EXPENDITURES 383,786.76 346,603.66 23,288.00 304,456.64 81,868.11 .00 .00 81,868.11 222,588.53 18,859.02	AVERAGE COST PER UNIT/DAY \$ 253.83 1741.73 1369.88 1672.84 449.82 .00 .00 449.82 .00 .00 .00	MOI UNITS/DAYS PER ELIG .774 .102 .009 .093 .093 .000 .000	COST PER USER \$ 1690.69 6189.35 5822.00 9514.27 2558.38 .00 .00 2558.38 6955.89 942.95 .00	COST PER ELIGIBLE \$ 196.41 177.38 11.92 155.81 41.90 .00 .00 41.90 113.91 9.65 .00
SHASTA COUNTY 1,954 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV USERS 227 56 4 32 32 0 0 32 32 20 0 186	UNITS OF SERVICE OR DAYS OF CARE 1,512 \$ 199 17 182 182 0 0 182 0 0 1,313	EXPENDITURES 383,786.76 346,603.66 23,288.00 304,456.64 81,868.11 .00 .00 81,868.11 222,588.53 18,859.02 .00 37,183.10	AVERAGE COST PER UNIT/DAY \$ 253.83 1741.73 1369.88 1672.84 449.82 .00 .00 449.82 .00 .00 28.32	MOI UNITS/DAYS PER ELIG .774 .102 .009 .093 .093 .000 .000 .000 .000	COST PER USER 1690.69 6189.35 5822.00 9514.27 2558.38 .00 .00 .2558.38 6955.89 942.95 .00 199.91	COST PER ELIGIBLE \$ 196.41 177.38 11.92 155.81 41.90 .00 41.90 113.91 9.65 .00 19.03
1,954 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV USERS 227 56 4 32 32 0 0 32 32 20 0 186 41	UNITS OF SERVICE OR DAYS OF CARE 1,512 \$ 199 17 182 182 0 0 182 0 1,313	EXPENDITURES 383,786.76 346,603.66 23,288.00 304,456.64 81,868.11 .00 .00 81,868.11 222,588.53 18,859.02 .00 37,183.10 3,073.00	AVERAGE COST PER UNIT/DAY \$ 253.83 1741.73 1369.88 1672.84 449.82 .00 .00 449.82 .00 .00 28.32 34.92	MOI UNITS/DAYS PER ELIG .774 .102 .009 .093 .093 .000 .000 .000 .000 .000	COST PER USER 1690.69 6189.35 5822.00 9514.27 2558.38 .00 .00 .2558.38 6955.89 942.95 .00 199.91 74.95	COST PER ELIGIBLE \$ 196.41 177.38 11.92 155.81 41.90 .00 41.90 113.91 9.65 .00 19.03 1.57
SHASTA COUNTY 1,954 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV USERS 227 56 4 32 32 0 0 32 32 20 0 186 41 20	UNITS OF SERVICE OR DAYS OF CARE 1,512 \$ 199 17 182 182 0 0 182 0 1,313 88 20	EXPENDITURES 383,786.76 346,603.66 23,288.00 304,456.64 81,868.11 .00 .00 81,868.11 222,588.53 18,859.02 .00 37,183.10 3,073.00 545.11	AVERAGE COST PER UNIT/DAY \$ 253.83 1741.73 1369.88 1672.84 449.82 .00 .00 449.82 .00 .00 28.32 34.92 27.26	MOI UNITS/DAYS PER ELIG .774 .102 .009 .093 .093 .000 .000 .000 .093 .000 .000	COST PER USER 1690.69 6189.35 5822.00 9514.27 2558.38 .00 .00 2558.38 6955.89 942.95 .00 199.91 74.95 27.26	GE COST PER ELIGIBLE \$ 196.41 177.38 11.92 155.81 41.90 .00 .00 41.90 113.91 9.65 .00 19.03 1.57 .28
1,954 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV USERS 227 56 4 32 32 0 0 32 32 20 0 186 41	UNITS OF SERVICE OR DAYS OF CARE 1,512 \$ 199 17 182 182 0 0 182 0 1,313 88 20 208	EXPENDITURES 383,786.76 346,603.66 23,288.00 304,456.64 81,868.11 .00 .00 81,868.11 222,588.53 18,859.02 .00 37,183.10 3,073.00 545.11 2,315.83	AVERAGE COST PER UNIT/DAY \$ 253.83 1741.73 1369.88 1672.84 449.82 .00 .00 449.82 .00 .00 28.32 34.92 27.26 11.13	MOI UNITS/DAYS PER ELIG .774 .102 .009 .093 .093 .000 .000 .093 .000 .000	COST PER USER 1690.69 6189.35 5822.00 9514.27 2558.38 .00 .00 2558.38 6955.89 942.95 .00 199.91 74.95 27.26 64.33	GE COST PER ELIGIBLE \$ 196.41 177.38 11.92 155.81 41.90 .00 .00 41.90 113.91 9.65 .00 19.03 1.57 .28 1.19
1,954 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV USERS 227 56 4 32 32 0 0 0 32 32 20 0 186 41 20 36 31	UNITS OF SERVICE OR DAYS OF CARE 1,512 \$ 199 17 182 182 0 0 182 0 1,313 88 20	EXPENDITURES 383,786.76 346,603.66 23,288.00 304,456.64 81,868.11 .00 .00 81,868.11 222,588.53 18,859.02 .00 37,183.10 3,073.00 545.11	AVERAGE COST PER UNIT/DAY \$ 253.83 1741.73 1369.88 1672.84 449.82 .00 .00 449.82 .00 .00 28.32 34.92 27.26	MOI UNITS/DAYS PER ELIG .774 .102 .009 .093 .093 .000 .000 .000 .093 .000 .000	COST PER USER 1690.69 6189.35 5822.00 9514.27 2558.38 .00 .00 2558.38 6955.89 942.95 .00 199.91 74.95 27.26	GE COST PER ELIGIBLE \$ 196.41 177.38 11.92 155.81 41.90 .00 .00 41.90 113.91 9.65 .00 19.03 1.57 .28
1,954 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV USERS 227 56 4 32 32 0 0 0 32 32 20 0 186 41 20 36	UNITS OF SERVICE OR DAYS OF CARE 1,512 \$ 199 17 182 182 0 0 182 0 1,313 88 20 208	EXPENDITURES 383,786.76 346,603.66 23,288.00 304,456.64 81,868.11 .00 .00 81,868.11 222,588.53 18,859.02 .00 37,183.10 3,073.00 545.11 2,315.83	AVERAGE COST PER UNIT/DAY \$ 253.83 1741.73 1369.88 1672.84 449.82 .00 .00 449.82 .00 .00 28.32 34.92 27.26 11.13	MOI UNITS/DAYS PER ELIG .774 .102 .009 .093 .093 .000 .000 .093 .000 .000	COST PER USER 1690.69 6189.35 5822.00 9514.27 2558.38 .00 .00 2558.38 6955.89 942.95 .00 199.91 74.95 27.26 64.33	GE COST PER ELIGIBLE \$ 196.41 177.38 11.92 155.81 41.90 .00 .00 41.90 113.91 9.65 .00 19.03 1.57 .28 1.19
1,954 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV USERS 227 56 4 32 32 0 0 0 32 32 20 0 186 41 20 36 31	UNITS OF SERVICE OR DAYS OF CARE 1,512 \$ 1,99 17 182 182 0 0 182 0 1,313 88 20 208 41	EXPENDITURES 383,786.76 346,603.66 23,288.00 304,456.64 81,868.11 .00 .00 81,868.11 222,588.53 18,859.02 .00 37,183.10 3,073.00 545.11 2,315.83 2,762.11	AVERAGE COST PER UNIT/DAY \$ 253.83 1741.73 1369.88 1672.84 449.82 .00 .00 449.82 .00 .00 28.32 34.92 27.26 11.13 67.37	MOI UNITS/DAYS PER ELIG .774 .102 .009 .093 .093 .000 .000 .000 .000 .000	COST PER USER 1690.69 6189.35 5822.00 9514.27 2558.38 .00 .00 2558.38 6955.38 6955.9 942.95 .00 199.91 74.95 27.26 64.33 89.10	GE COST PER ELIGIBLE \$ 196.41 177.38 11.92 155.81 41.90 .00 .00 41.90 113.91 9.65 .00 19.03 1.57 .28 1.19 1.41 1.42
1,954 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV USERS 227 56 4 32 32 0 0 0 32 32 20 0 186 41 20 36 31 54	UNITS OF SERVICE OR DAYS OF CARE 1,512 \$ 1,99 17 182 182 0 0 182 0 1,313 88 20 208 41 73	EXPENDITURES 383,786.76 346,603.66 23,288.00 304,456.64 81,868.11 .00 .00 81,868.11 222,588.53 18,859.02 .00 37,183.10 3,073.00 545.11 2,315.83 2,762.11 2,775.65 25,711.40	AVERAGE COST PER UNIT/DAY \$ 253.83 1741.73 1369.88 1672.84 449.82 .00 .00 449.82 .00 .00 28.32 34.92 27.26 11.13 67.37 38.02	MOI UNITS/DAYS PER ELIG .774 .102 .009 .093 .093 .000 .000 .000 .000 .000	COST PER USER 1690.69 6189.35 5822.00 9514.27 2558.38 .00 .00 2558.38 6955.89 942.95 .00 199.91 74.95 27.26 64.33 89.10 51.40 187.67	GE COST PER ELIGIBLE \$ 196.41 177.38 11.92 155.81 41.90 .00 .00 41.90 113.91 9.65 .00 19.03 1.57 .28 1.19 1.41
1,954 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV USERS 227 56 4 32 32 0 0 0 32 32 20 0 186 41 20 36 31 54 137 0	UNITS OF SERVICE OR DAYS OF CARE 1,512 \$ 199 17 182 182 0 0 182 0 1,313 88 20 208 41 73 883 0 \$	EXPENDITURES 383,786.76 346,603.66 23,288.00 304,456.64 81,868.11 .00 .00 81,868.11 222,588.53 18,859.02 .00 37,183.10 3,073.00 545.11 2,315.83 2,762.11 2,775.65 25,711.40 .00	AVERAGE COST PER UNIT/DAY \$ 253.83 1741.73 1369.88 1672.84 449.82 .00 .00 449.82 .00 .00 28.32 34.92 27.26 11.13 67.37 38.02 29.12 \$.00	MOI UNITS/DAYS PER ELIG .774 .102 .009 .093 .093 .000 .000 .000 .000 .000	COST PER USER 1690.69 6189.35 5822.00 9514.27 2558.38 .00 .00 2558.38 6955.89 942.95 .00 199.91 74.95 27.26 64.33 89.10 51.40 187.67	GE COST PER ELIGIBLE \$ 196.41 177.38 11.92 155.81 41.90 .00 .00 41.90 113.91 9.65 .00 19.03 1.57 .28 1.19 1.41 1.42 13.16 \$.00
1,954 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV USERS 227 56 4 32 32 0 0 0 32 32 20 0 186 41 20 36 31 54 137 0 0	UNITS OF SERVICE OR DAYS OF CARE 1,512 \$ 199 17 182 182 0 0 182 0 1,313 88 20 208 41 73 883 0 \$	EXPENDITURES 383,786.76 346,603.66 23,288.00 304,456.64 81,868.11 .00 .00 81,868.11 222,588.53 18,859.02 .00 37,183.10 3,073.00 545.11 2,315.83 2,762.11 2,775.65 25,711.40 .00 .00	AVERAGE COST PER UNIT/DAY \$ 253.83 1741.73 1369.88 1672.84 449.82 .00 .00 449.82 .00 .00 28.32 34.92 27.26 11.13 67.37 38.02 29.12 \$.00 .00	MOI UNITS/DAYS PER ELIG .774 .102 .009 .093 .000 .000 .000 .000 .000 .000	COST PER USER 1690.69 6189.35 5822.00 9514.27 2558.38 .00 .00 2558.38 6955.89 942.95 .00 199.91 74.95 27.26 64.33 89.10 51.40 187.67	COST PER ELIGIBLE \$ 196.41 177.38 11.92 155.81 41.90 .00 .00 41.90 113.91 9.65 .00 19.03 1.57 .28 1.19 1.41 1.42 13.16 \$.00 .00
1,954 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV USERS 227 56 4 32 32 0 0 32 32 20 0 186 41 20 36 31 54 137 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 1,512 199 17 182 182 0 0 182 0 1,313 88 20 208 41 73 883 0 \$ 0 \$ 0 \$ 0 \$ \$ \$ \$ \$ \$	EXPENDITURES 383,786.76 346,603.66 23,288.00 304,456.64 81,868.11 .00 .00 81,868.11 222,588.53 18,859.02 .00 37,183.10 3,073.00 545.11 2,315.83 2,762.11 2,775.65 25,711.40 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 253.83 1741.73 1369.88 1672.84 449.82 .00 .00 449.82 .00 .00 28.32 34.92 27.26 11.13 67.37 38.02 29.12 \$.00 .00 .00	MOI UNITS/DAYS PER ELIG .774 .102 .009 .093 .093 .000 .000 .093 .000 .000	COST PER USER 1690.69 6189.35 5822.00 9514.27 2558.38 .00 .00 2558.38 6955.89 942.95 .00 199.91 74.95 27.26 64.33 89.10 51.40 187.67 \$.00 .00	COST PER ELIGIBLE \$ 196.41 177.38 11.92 155.81 41.90 .00 41.90 113.91 9.65 .00 19.03 1.57 .28 1.19 1.41 1.42 13.16 \$.00 .00 .00 .00 .00
1,954 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV USERS 227 56 4 32 32 0 0 0 32 32 20 0 186 41 20 36 31 54 137 0 0	UNITS OF SERVICE OR DAYS OF CARE 1,512 \$ 199 17 182 182 0 0 182 0 1,313 88 20 208 41 73 883 0 \$	EXPENDITURES 383,786.76 346,603.66 23,288.00 304,456.64 81,868.11 .00 .00 81,868.11 222,588.53 18,859.02 .00 37,183.10 3,073.00 545.11 2,315.83 2,762.11 2,775.65 25,711.40 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 253.83 1741.73 1369.88 1672.84 449.82 .00 .00 449.82 .00 .00 28.32 34.92 27.26 11.13 67.37 38.02 29.12 \$.00 .00	MOI UNITS/DAYS PER ELIG .774 .102 .009 .093 .093 .000 .000 .000 .000 .000	COST PER USER 1690.69 6189.35 5822.00 9514.27 2558.38 .00 .00 2558.38 6955.89 942.95 .00 199.91 74.95 27.26 64.33 89.10 51.40 187.67	COST PER ELIGIBLE \$ 196.41 177.38 11.92 155.81 41.90 .00 41.90 113.91 9.65 .00 19.03 1.57 .28 1.19 1.41 1.42 13.16 \$.00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	1	16		8,850.40		553.15	.008	8850.40		4.53
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	24	213		61,424.38		288.38	.109	2559.35		31.44
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	4	4	\$	1,481.59	\$	370.40	.002	\$ 370.40	\$.76
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	4	4		1,481.59		370.40	.002	370.40		.76
@REHABILITATION FACILITY	14	159	\$	1,793.01	\$	11.28	.081	\$ 128.07	\$.92
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	14	159		1,793.01		11.28	.081	128.07		.92
@LABORATORY FACILITY	106	404	\$	4,973.27	\$	12.31	.207		\$	2.55
PATHOLOGY	93	383		4,834.11		12.62	.196	51.98		2.47
XO AND OTHERS	13	21		139.16		6.63	.011	10.70		.07
@ORGANIZED OUTPATIENT CLINIC	506	992	\$	70,637.61	\$	71.21	.508		\$	
CLINIC	1	1		31.00		31.00	.001	31.00		.02
SURGICENTER	3	12		826.68		68.89	.006	275.56		.42
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	504	979		69 , 779.93		71.28	.501	138.45		35.71
#CALIF DEPT OF HEALTH SERV			RES M	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU D	EC 2004	F	PAGE 14,148
MOP024	FEE-FOR-SERVICE,									03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUE	PPORT - DISABLED		AID CODE				
								NTHLY AVERA		
1,954 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF CARE					PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	676	25 , 609	\$	167,933.45	\$				\$	
DURABLE MED. EQUIP.	86	232		44,586.24		192.18	.119	518.44		22.82
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	15	30		2,685.13		89.50		179.01		1.37
MEDICAL TRANSPORTATION	95	1,753		11,759.01		6.71	.897	123.78		6.02
AMBULANCES/AIR TRANS	25	169		3,454.71		20.44	.086	138.19		1.77

1,954 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	676	25 , 609 \$. ,	\$ 6.56	13.106 \$		•
DURABLE MED. EQUIP.	86	232	44,586.24	192.18	.119	518.44	22.82
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	15	30	2,685.13	89.50	.015	179.01	1.37
MEDICAL TRANSPORTATION	95	1 , 753	11,759.01	6.71	.897	123.78	6.02
AMBULANCES/AIR TRANS	25	169	3,454.71	20.44	.086	138.19	1.77
OTHER TRANS	71	1 , 585	6,513.83	4.11	.811	91.74	3.33
OTHER SERVICES	6	1CR	1,790.47	1790.47CR	.001CR	298.41	.92
ACUPUNCTURE	4	7	113.54	16.22	.004	28.39	.06
ADULT DAY HEALTH CARE CTR	33	421	29,293.18	69.58	.215	887.67	14.99
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	58	334	23,937.21	71.67	.171	412.71	12.25
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	52	132	1,494.90	11.33	.068	28.75	.77
PHYSICAL THERAPIST	10	125	1,458.21	11.67	.064	145.82	.75
PORTABLE X-RAY	1	4	98.94	24.74	.002	98.94	.05
PROSTHETIST/ORTHOTISTS	18	68	7,920.89	116.48	.035	440.05	4.05
PROSTHETICS	18	68	7,920.89	116.48	.035	440.05	4.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	46.44	46.44	.001	46.44	.02
SPEECH AND AUDIOLOGY	5	6	215.53	35.92	.003	43.11	.11
HOSPICE SERVICES	3	52	6,915.48	132.99	.027	2305.16	3.54
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	21	1,491	8,008.97	5.37	.763	381.38	4.10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	378	20,953	29,399.78	1.40	10.723	77.78	15.05
@CALIF. CHILDREN SERVICES*	41	449	\$ 66,840.46	\$ 148.87	.230 \$	1630.26 \$	34.21
@XOVER EXCLUDING STATE HOSP**	629	9,352	\$ 104,571.66	\$ 11.18	4.786 \$	166.25 \$	53.52

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,149
MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

					MONT	THLY AVERA	GE
4,637 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,482	213,395 \$	3,441,737.89	\$ 16.13	46.020 \$	767.90	\$ 742.23
@PHYSICIANS SERVICES	1,041	3,878 \$	136,943.59	\$ 35.31	.836 \$	131.55	\$ 29.53
OUTPATIENT VISITS	147	224	9,684.15	43.23	.048	65.88	2.09
OFFICE VISITS	103	153	4,573.65	29.89	.033	44.40	.99
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	44	60	4,696.47	78.27	.013	106.74	1.01
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	11	11	414.03	37.64	.002	37.64	.09
INPATIENT VISITS	47	190	8,538.07	44.94	.041	181.66	1.84
HOSPITAL VISITS	44	185	8,122.89	43.91	.040	184.61	1.75
CRITICAL CARE	1	2	243.20	121.60	.000	243.20	.05
SNF/ICF/TRANS IP CARE	3	3	171.98	57.33	.001	57.33	.04
OPHTHALMOLOGICAL SERVICES	11	11	494.82	44.98	.002	44.98	.11
EXAMINATIONS	11	11	494.82	44.98	.002	44.98	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	18	265	12,693.37	47.90	.057	705.19	2.74
PRINCIPAL SURGEON	14	25	10,092.40	403.70	.005	720.89	2.18
ASSISTANT SURGEON	3	3	554.39	184.80	.001	184.80	.12
ANESTHESIOLOGIST	6	237	2,046.58	8.64	.051	341.10	. 44
OUTPATIENT SURGERY	18	126	4,490.44	35.64	.027	249.47	.97
PRINCIPAL SURGEON	16	20	4,181.65	209.08	.004	261.35	.90
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	106	308.79	2.91	.023	154.40	.07
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	15	36	334.05	9.28	.008	22.27	.07
RADIOLOGY	109	314	37,374.02	119.03	.068	342.88	8.06
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	11	213	28,274.71	132.75	.046	2570.43	6.10
OTHER SERVICES/ALL X-OVERS	865	2,499	35,059.96	14.03	.539	40.53	7.56
@PHARMACY	3,430	99 , 732 \$		\$ 17.58	21.508 \$		\$ 378.01
PRESCRIPTION DRUGS	3,318	17,715	1,695,715.73	95.72	3.820	511.07	365.69
SNF/ICF	56	465	25,803.39	55.49	.100	460.77	5.56
OUTPATIENTS	3 , 271	17,250	1,669,912.34	96.81	3.720	510.52	360.13
MEDICAL SUPPLIES	572	82,017	57,119.88	.70	17.688	99.86	12.32
@DENTIST	145	514 \$	27,528.00	\$ 53.56	.111 \$	189.85	\$ 5.94
VISITS - DIAGNOSTIC	93	293	4,040.00	13.79	.063	43.44	.87
ORAL SURGERY	20	65	2,923.00	44.97	.014	146.15	.63
DRUGS	1	2	30.00	15.00	.000	30.00	.01
ANESTHESIA	4	$\frac{\overline{4}}{4}$	400.00	100.00	.001	100.00	.09
PERIODONTICS	6	6	708.00	118.00	.001	118.00	.15
ENDODONTICS	6	8	1,970.00	246.25	.002	328.33	.42
RESTORATIVE DENTISTRY	25	61	4,698.00	77.02	.013	187.92	1.01
PROSTHETICS	Ō	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	26	56	12,009.00	214.45	.012	461.88	2.59
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	3	750.00	250.00	.001	375.00	.16
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	2	.00	.00	.000	.00	.00
ALL OTHER SERVICES	11	14	.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MOI	NTH-OF-PAYMENT REPORT	FOR JAN 20	004 THRU DEC	C 2004	PAGE 14,150
MOP024	FEE-FOR-SERVICE/DEN	ITAL					03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES	FOR IN HOME SUPPO	ORT - TOTAL				
					MONT	ממתוא אווח	יחי

							M	CNO	THLY AVERA	GΕ	
4,637 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	€		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	103	286	\$	9,460.17	\$	33.08	.062	\$	91.85	\$	2.04
DIAGNOSTIC AND ANC. PROCED	13	13		513.85		39.53	.003		39.53		.11
EYE APPLIANCES	81	236		8,458.86		35.84	.051		104.43		1.82
OTHER OPTOMETRIC SERVICES	19	37		487.46		13.17	.008		25.66		.11
@CHIROPRACTOR	13	22	\$	367.84	\$	16.72	.005	\$	28.30	\$.08
VISITS	11	19		317.68		16.72	.004		28.88		.07
OTHER SERVICES	2	3		50.16		16.72	.001		25.08		.01
@PODIATRIST	20	24	\$	170.48	\$	7.10	.005	\$	8.52	\$.04
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	20	24		170.48		7.10	.005		8.52		.04
@HOME HEALTH AGENCY	48	2,418	\$	77,436.13	\$	32.02	.521	\$	1613.25	\$	16.70
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	6	\$	37.12	\$	6.19	.001	\$	18.56	\$.01
@TOTAL HOSPITAL	401	2,223	\$	452,517.98	\$	203.56	.479	\$	1128.47	\$	97.59
HOSP INPATIENT TOTAL	111	199		398,365.05		2001.83	.043		3588.87		85.91
HSC HOSPITALS	4	17		23,288.00		1369.88	.004		5822.00		5.02

NON-HSC HOSPITAL TOTAL	32	182		304,456.64	1672.84	.039	9514.27		65.66
ACCOMMODATIONS	32	182		81,868.11	449.82	.039	2558.38		17.66
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	32	182		81,868.11	449.82	.039	2558.38		17.66
ANCILLARIES	32	0		222,588.53	.00	.000	6955.89		48.00
INPATIENT CROSSOVERS	75	0		70,620.41	.00	.000	941.61		15.23
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	310	2,024		54,152.93	26.76	.436	174.69		11.68
MEDICAL	41	88		3,073.00	34.92	.019	74.95		.66
SURGERY	20	20		545.11	27.26	.004	27.26		.12
PATHOLOGY	36	208		2,315.83	11.13	.045	64.33		.50
RADIOLOGY	31	41		2,762.11	67.37	.009	89.10		.60
ROOM USE	54	73		2,775.65	38.02	.016	51.40		.60
CROSSOVERS/ALL OTH OUTPINT	261	1,594		42,681.23	26.78	.344	163.53		9.20
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES MONTH-	OF-PAYMENT RE	EPORT FOR JAN	2004 THRU	DEC 2004	PAC	GE 14,151
MOP024	FEE-FOR-SERVICE/DENTA								03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FO	OR IN HOME	SUPPORT	- TOTAL					

					MONTHLY AVERAGE				
4,637 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	401	2,223 \$	452 , 517.98	\$ 203.56	.479	1128.47	\$ 97.59		
COMM HOSP INPATIENT TOTAL	111	199	398,365.05	2001.83	.043	3588.87	85.91		
HSC HOSPITALS	4	17	23,288.00	1369.88	.004	5822.00	5.02		
NON-HSC HOSPITALS TOTAL	32	182	304,456.64	1672.84	.039	9514.27	65.66		
ACCOMMODATIONS	32	182	81,868.11	449.82	.039	2558.38	17.66		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	32	182	81,868.11	449.82	.039	2558.38	17.66		
ANCILLARIES	32	0	222,588.53	.00	.000	6955.89	48.00		
INPATIENT CROSSOVERS	75	0	70,620.41	.00	.000	941.61	15.23		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
COMM HOSP OUTPATIENT TOTAL	310	2,024	54,152.93	26.76	.436	174.69	11.68		
MEDICAL	41	88	3,073.00	34.92	.019	74.95	.66		
SURGERY	20	20	545.11	27.26	.004	27.26	.12		
PATHOLOGY	36	208	2,315.83	11.13	.045	64.33	.50		
RADIOLOGY	31	41	2,762.11	67.37	.009	89.10	.60		
ROOM USE	54	73	2,775.65	38.02	.016	51.40	.60		

CROSSOVERS/ALL OTH OUTPINT	261	1,594		42,681.23		26.78	.344		163.53		9.20	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0		.00		.00	.000		.00		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00	
@NURSING FACILITY	139	2,533	Ś	377,863.65	\$	149.18	.546	Ś	2718.44	Ś	81.49	
LEV A-INTERMEDIATE	9	213		19,479.42	'	91.45	.046		2164.38		4.20	
LEV B-REHAB MD	0			.00		.00	.000		.00		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00	
LEV B-SUBACUTE HSPTL BASED	1	16		8,850.40		553.15	.003		8850.40		1.91	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
LEV B-REGULAR	129	2,304		349,533.83		151.71	.497		2709.56		75.38	
@INTERMEDIATE CARE FACILDD	0	2,301	Ś	.00	Ś	.00	.000	¢	.00	Ś	.00	
ICF DDH	0	0	Y	.00	۲	.00	.000	٧	.00	Y	.00	
ICF DD	0	0		.00		.00	.000		.00		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00	
@HEMODIALYSIS TOTAL	29	35	Ś	15,442.68	\$	441.22	.008	\$	532.51	Ċ	3.33	
HOSPITAL BASED	0	0	Y	.00	٧	.00	.000	٧	.00	Y	.00	
HEMODIALYSIS CENTER	29	35		15,442.68		441.22	.008		532.51		3.33	
@REHABILITATION FACILITY	14	159	Ś	1,793.01	\$	11.28	.034	Ś	128.07	Ś	.39	
HOSPITAL BASED	0	0	Ψ	.00	۲	.00	.000	۲	.00	Υ	.00	
INDEPENDENT FACILITY	14	159		1,793.01		11.28	.034		128.07		.39	
@LABORATORY FACILITY	143	504	Ś	5,649.04	\$	11.21	.109	Ś	39.50	Ś	1.22	
PATHOLOGY	96	394	Ψ	5,009.74	۲	12.72	.085	۲	52.18	Υ	1.08	
XO AND OTHERS	47	110		639.30		5.81	.024		13.60		.14	
@ORGANIZED OUTPATIENT CLINIC	770	1,446	Ċ	87,098.98	\$	60.23	.312	Ċ	113.12	Ċ	18.78	
CLINIC CLINIC	1	1,440	Y	31.00	۲	31.00	.000	٧	31.00	Y	.01	
SURGICENTER	19	37		4,909.21		132.68	.008		258.38		1.06	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00	
RURAL HEALTH CLINIC	756	1,408		82,158.77		58.35	.304		108.68		17.72	
#CALIF DEPT OF HEALTH SERV		·	OFC M	OZ, 130.77 IONTH-OF-PAYMENT R	EDOD			DEC		D	AGE 14,152	
MOP024	FEE-FOR-SERVICE		KES M	ONIA-01-FAIMENI K	EFUK.	L FOR JAN 2	2004 11110	DEC	2004	F.	03/14/05	
SHASTA COUNTY		ICES FOR IN HOME	z ciir	BODT - TOTAL							03/14/03	
SHASTA COUNTY	SUMMING OF SERV	ICES FOR IN HOM	1 201	FORT TOTAL			M	ОМТ	HIV AMERA	CF		
4,637 ELIGIBLES	USERS	UNITS OF SERVICE	7.	EXPENDITURES	Δ1/1	ERAGE COST			COST PER	_	COST PER	
1,037 111011110	ODLIND	OR DAYS OF CAR		EXTENDITORES		R UNIT/DAY			USER		ELIGIBLE	
@ALL OTHER PROVIDERS	1,688	99,615	Ŝ	496,593.61	\$	4.99	21.483			\$	107.09	
DURABLE MED. EQUIP.	139	427	Τ	84,021.51	т	196.77	.092	т	604.47	Τ.	18.12	
BLOOD BANK	0	0		.00		.00	.000		.00		.00	
HEARING AID DISPENSERS	42	73		12,301.92		168.52	.016		292.90		2.65	
MEDICAL TRANSPORTATION	212	6,900		32,286.02		4.68	1.488		152.29		6.96	
AMBULANCES/AIR TRANS	31	185		3,754.74		20.30	.040		121.12		.81	
OTHER TRANS	182	6,643		26,416.05		3.98	1.433		145.14		5.70	
OTHER TRANS OTHER SERVICES	27	72		2,115.23		29.38	.016		78.34		.46	
ACUPUNCTURE	4	7		113.54		16.22	.016		28.39		.02	
ACUPUNCTURE	1.52	1 070		113.54		16.22	.002		28.39		.02	

137,100.44

139,513.12

.00

.00

99.59

.00

46.44

3,046.18

1,458.21

7,948.41

7,948.41

1,058.15

69.59

46.69

.00

11.99

11.67

19.92

115.19

115.19

46.44

81.40

.00

.00

.425

.000

.644

.000

.055

.027

.001

.015

.015

.000

.000

.003

896.08

365.22

.00

29.57

145.82

418.34

418.34

.00

46.44

105.82

49.80

.00

29.57

30.09

.00

.00

.66

.31

.02

1.71

1.71

.00

.01

.23

153

0

382

0

103

10

2

19

19

0

1

10

ADULT DAY HEALTH CARE CTR

IHMC, MODEL-NF, NF, AIDS, MSSP

GENETIC DISEASE TESTING

OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

PHYSICAL THERAPIST

PORTABLE X-RAY

PROSTHETICS ORTHOTICS

PSYCHOLOGIST

OPTICIAN

1,970

2,988

0

0

254

125

5

69

0

1

13

HOSPICE SERVICES	3	52	6 , 927.99	133.23	.011	2309.33	1.49
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	21	1,491	8,008.97	5.37	.322	381.38	1.73
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	995	85,240	62,663.12	.74	18.383	62.98	13.51
@CALIF. CHILDREN SERVICES*	41	449	\$ 66,840.46	\$ 148.87	.097	\$ 1630.26	\$ 14.41
@XOVER EXCLUDING STATE HOSP**	1,671	19,945	\$ 266,686.08	\$ 13.37	4.301	\$ 159.60	\$ 57.51

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,153
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

SHASTA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC ASSI	STANCE - AGED				
						THLY AVERAGE	
16,942 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	14,566	404,114 \$		\$ 17.96	23.853 \$		
@PHYSICIANS SERVICES	3,203	9 , 980 \$	-,	\$ 14.57	.589 \$	·	
OUTPATIENT VISITS	21	23	425.18	18.49	.001	20.25	.03
OFFICE VISITS	17	20	284.24	14.21	.001	16.72	.02
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	2	140.94	70.47	.000	35.24	.01
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	.00	.00	.000	.00	.00
INPATIENT VISITS	1	0	37.80CR		.000	37.80CR	.00
HOSPITAL VISITS	1	0	37.80CR	.00	.000	37.80CR	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	88.57	44.29	.000	44.29	.01
EXAMINATIONS	2	2	88.57	44.29	.000	44.29	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	4	516.94	129.24	.000	129.24	.03
PRINCIPAL SURGEON	3	3	427.00	142.33	.000	142.33	.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1	89.94	89.94	.000	89.94	.01
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2 4	51.83	25.92	.000	25.92	.00
RADIOLOGY	4		449.90	112.48	.000	112.48	.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	17.60	8.80	.000	8.80	.00
OTHER SERVICES/ALL X-OVERS	3,182	9,943	143,897.31	14.47	.587	45.22	8.49
@PHARMACY	12,073	212,127 \$	4,089,436.37	\$ 19.28	12.521 \$	338.73 \$	
PRESCRIPTION DRUGS	11,895	55 , 031	3,987,985.11	72.47	3.248	335.27	235.39
SNF/ICF	319	2,352	122,257.58	51.98	.139	383.25	7.22
OUTPATIENTS	11,606	52 , 679	3,865,727.53	73.38	3.109	333.08	228.17
MEDICAL SUPPLIES	1,236	157,096	101,451.26	.65	9.273	82.08	5.99
@DENTIST	560	2,108 \$	98,288.90		.124 \$	·	5.80
VISITS - DIAGNOSTIC	355	1,333	15,881.90	11.91	.079	44.74	.94
ORAL SURGERY	69	214	10,543.00	49.27	.013	152.80	.62

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	3	4		45.00	11.25	.000	15.00		.00
ANESTHESIA	4	4		400.00	100.00	.000	100.00		.02
PERIODONTICS	27	28		2,748.00	98.14	.002	101.78		.16
ENDODONTICS	10	12		2,875.00	239.58	.001	287.50		.17
RESTORATIVE DENTISTRY	99	203		13,759.00	67.78	.012	138.98		.81
PROSTHETICS	6	7		210.00	30.00	.000	35.00		.01
DENTURES, STAYPLATES	140	287		51,352.00	178.93	.017	366.80		3.03
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	2	3		475.00	158.33	.000	237.50		.03
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	1	2		.00	.00	.000	.00		.00
ALL OTHER SERVICES	13	11		.00	.00	.001	.00		.00
#CALIF DEPT OF HEALTH SERV			RES N	MONTH-OF-PAYMENT RI				P	AGE 14,154
MOP024	FEE-FOR-SERVICE		. CLO I	TOWN OF THE PROPERTY	DIORI IOR OIN 2	LOOT THING DE	C 2001	Ι.	03/14/05
SHASTA COUNTY		ICES FOR PUBLIC	7 6 6 1	ISTANCE - ACED					03/14/03
SHASIA COUNTI	SUMMARI OF SERV	TCES FOR FUBLIC	ASSI	ISTANCE - AGED		MON	תחור אוובטא	CE	
16,942 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	AVERAGE COST		COST PER		COST PER
10,942 ELIGIBLES	CALCU	OR DAYS OF CARE		EXPENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	407	1,176	Š	24,747.92	\$ 21.04	.069 \$			1.46
•	407	48	Ş	1,523.89	31.75	.003	33.86	Þ	.09
DIAGNOSTIC AND ANC. PROCED									
EYE APPLIANCES	303	911		20,058.70	22.02	.054	66.20		1.18
OTHER OPTOMETRIC SERVICES	98	217		3,165.33	14.59	.013	32.30		.19
@CHIROPRACTOR	17	25	\$	380.99	\$ 15.24	.001 \$		Ş	.02
VISITS	5	9		150.48	16.72	.001	30.10		.01
OTHER SERVICES	14	16		230.51	14.41	.001	16.47		.01
@PODIATRIST	51	68	\$	565.70	\$ 8.32	.004 \$		\$.03
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	51	68		565.70	8.32	.004	11.09		.03
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	1	13	\$	31.60	\$ 2.43	.001 \$		\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	5	17	\$	111.90	\$ 6.58	.001 \$		\$.01
@TOTAL HOSPITAL	975	4,097	\$	578,572.88	\$ 141.22	.242 \$		\$	34.15
HOSP INPATIENT TOTAL	297	215		467,845.48	2176.03	.013	1575.24		27.61
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	31	215		237,780.59	1105.96	.013	7670.34		14.03
ACCOMMODATIONS	31	215		75,490.37	351.12	.013	2435.17		4.46
ADMINISTRATIVE DAYS	2	22		4,670.80	212.31	.001	2335.40		.28
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	30	193		70,819.57	366.94	.011	2360.65		4.18
ANCILLARIES	31	0		162,290.22	.00	.000	5235.17		9.58
INPATIENT CROSSOVERS	267	0		230,064.89	.00	.000	861.67		13.58
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	705	3,882		110,727.40	28.52	.229	157.06		6.54
MEDICAL	703	3,002 6		174.35	29.06	.229	58.12		.01
MEDICAL SURGERY	3	o 3		61.30	29.06	.000	20.43		.00
	3	5 5		35.23	7.05	.000	20.43		.00
PATHOLOGY	3	5		35.23	7.05	.000	11.74		.00

3

10

10

0

0

\$

3,855

3

5

6

0

0

702

245.99

367.47

322.47

.00

.00

109,843.06

82.00

36.75

28.49

32.25

.00

.00

.000

.001

.228

.000

.000

.001 \$

82.00

73.49

53.75 \$

.00

.00

156.47

.01

.02

6.48

.02

.00

.00

RADIOLOGY

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

ROOM USE

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	10	322.47	32.25	.001	53.75	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		10	322.47	32.25	.001	53.75	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MC	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DEC	2004	PAGE 14,155
MOP024	FEE-FOR-SERVICE/	DENTAL					03/14/05
SHASTA COUNTY	SUMMARY OF SERVI	CES FOR PUBLIC ASSIS	TANCE - AGED				
					MONT	THLY AVERA	GE
16,942 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	, -	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	969	4,087 \$	578 , 250.41	\$ 141.49	.241 \$		
COMM HOSP INPATIENT TOTAL	297	215	467,845.48	2176.03		1575.24	27.61
HSC HOSPITALS	0	0			$\cap \cap \cap$.00	.00
NON HOO HOODIESTO HORST	-	-	.00	.00	.000		
NON-HSC HOSPITALS TOTAL	31	215	237,780.59	1105.96	.013	7670.34	14.03
ACCOMMODATIONS	-	215 215	237,780.59 75,490.37	1105.96 351.12	.013 .013	7670.34 2435.17	14.03 4.46
ACCOMMODATIONS ADMINISTRATIVE DAYS	31 31 2	215 215 22	237,780.59 75,490.37 4,670.80	1105.96 351.12 212.31	.013 .013 .001	7670.34 2435.17 2335.40	14.03 4.46 .28
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	31 31 2 0	215 215 22 0	237,780.59 75,490.37 4,670.80	1105.96 351.12 212.31 .00	.013 .013 .001 .000	7670.34 2435.17 2335.40 .00	14.03 4.46 .28 .00
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	31 31 2 0 30	215 215 22 0 193	237,780.59 75,490.37 4,670.80 .00 70,819.57	1105.96 351.12 212.31 .00 366.94	.013 .013 .001 .000	7670.34 2435.17 2335.40 .00 2360.65	14.03 4.46 .28 .00 4.18
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	31 31 2 0 30 31	215 215 22 0	237,780.59 75,490.37 4,670.80 .00 70,819.57 162,290.22	1105.96 351.12 212.31 .00 366.94	.013 .013 .001 .000 .011	7670.34 2435.17 2335.40 .00 2360.65 5235.17	14.03 4.46 .28 .00 4.18 9.58
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	31 31 2 0 30	215 215 22 0 193	237,780.59 75,490.37 4,670.80 .00 70,819.57	1105.96 351.12 212.31 .00 366.94	.013 .013 .001 .000	7670.34 2435.17 2335.40 .00 2360.65	14.03 4.46 .28 .00 4.18

MEDICAL 3 6 174.35 29.06 .000 58.12 SURGERY 3 3 61.30 20.43 .000 20.43	.01
	.00
PATHOLOGY 3 5 35.23 7.05 .000 11.74	0.1
RADIOLOGY 3 3 245.99 82.00 .000 82.00	.01
ROOM USE 5 10 367.47 36.75 .001 73.49	.02
	6.46
@STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00
MENTALLY ILL 0 0 0 .00 .00 .00 .00	.00
DEVELOP. DISABLED 0 0 .00 .00 .00 .00	.00
@NURSING FACILITY 455 8,637 \$ 1,229,047.35 \$ 142.30 .510 \$ 2701.20 \$ 7	2.54
	7.25
	3.71
LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00	.00
LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00	.00
LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	.00
LEV B-REGULAR 388 6,771 1,043,340.15 154.09 .400 2689.02 6	1.58
@INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 \$.00 \$.00
ICF DDH 0 0 .00 .00 .00 .00	.00
ICF DD 0 0 .00 .00 .00 .00	.00
ICF DDN/DDCN 0 0 .00 .00 .00 .00	.00
@HEMODIALYSIS TOTAL 90 120 \$ 55,292.12 \$ 460.77 .007 \$ 614.36 \$	3.26
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00
HEMODIALYSIS CENTER 90 120 55,292.12 460.77 .007 614.36	3.26
@REHABILITATION FACILITY 0 0 \$.00 \$.00 \$.00 \$.00
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00
INDEPENDENT FACILITY 0 0 0 .00 .00 .00 .00	.00
@LABORATORY FACILITY 184 379 \$ 6,676.38 \$ 17.62 .022 \$ 36.28 \$.39
PATHOLOGY 14 30 421.32 14.04 .002 30.09	.02
XO AND OTHERS 170 349 6,255.06 17.92 .021 36.79	.37
@ORGANIZED OUTPATIENT CLINIC 2,587 4,154 \$ 165,406.72 \$ 39.82 .245 \$ 63.94 \$	9.76
CLINIC 1 1 153.90 153.90 .000 153.90	.01
SURGICENTER 99 169 25,684.95 151.98 .010 259.44	1.52
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00	.00
RURAL HEALTH CLINIC 2,508 3,984 139,567.87 35.03 .235 55.65	3.24
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE	14,156
MOP024 FEE-FOR-SERVICE/DENTAL 03	/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED	
MONTHLY AVERAGE	

					MOL	ATITUT VARIVA	GE	
16,942 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS	T PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELI	GIBLE
@ALL OTHER PROVIDERS	4,191	161,213	\$ 864,764.35	\$ 5.36	9.516	206.34	\$	51.04
DURABLE MED. EQUIP.	209	480	101,391.96	211.23	.028	485.13		5.98
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	216	412	58 , 632.77	142.31	.024	271.45		3.46
MEDICAL TRANSPORTATION	423	20,983	70,810.42	3.37	1.239	167.40		4.18
AMBULANCES/AIR TRANS	23	28	606.85	21.67	.002	26.38		.04
OTHER TRANS	383	20,392	67,629.83	3.32	1.204	176.58		3.99
OTHER SERVICES	90	563	2,573.74	4.57	.033	28.60		.15
ACUPUNCTURE	9	28	475.78	16.99	.002	52.86		.03
ADULT DAY HEALTH CARE CTR	235	2,934	204,175.56	69.59	.173	868.83		12.05
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	855	6,274	288,057.03	45.91	.370	336.91		17.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	428	999	12,042.64	12.05	.059	28.14		.71
PHYSICAL THERAPIST	4	5	54.43	10.89	.000	13.61		.00

4	10		11.51		1.15	.001		2.88		.00
15	33		911.50		27.62	.002		60.77		.05
15	33		911.50		27.62	.002		60.77		.05
0	0		.00		.00	.000		.00		.00
1	1		38.49		38.49	.000		38.49		.00
75	114		9,918.09		87.00	.007		132.24		.59
2	65		8,255.07		127.00	.004		4127.54		.49
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
2,515	128 , 875		109,989.10		.85	7.607		43.73		6.49
1	3	\$	141.69	\$	47.23	.000	\$	141.69	\$.01
5,746	53 , 616	\$	896,645.99	\$	16.72	3.165	\$	156.05	\$	52.92
	1	15 33 15 33 0 0 0 1 1 1 75 114 2 65 0 0 0 0 0 0 0 0 0 2,515 128,875 1 3	15 33 15 33 0 0 0 1 1 1 75 114 2 65 0 0 0 0 0 0 0 0 0 2,515 128,875 1 3 \$	15 33 911.50 15 33 911.50 0 0 .00 1 1 38.49 75 114 9,918.09 2 65 8,255.07 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 2,515 128,875 109,989.10 1 3 \$ 141.69	15 33 911.50 15 0 0 0 .00 1 1 1 38.49 75 114 9,918.09 2 65 8,255.07 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 2,515 128,875 109,989.10 1 3 \$ 141.69 \$	15 33 911.50 27.62 15 33 911.50 27.62 0 0 .00 .00 1 1 38.49 38.49 75 114 9,918.09 87.00 2 65 8,255.07 127.00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 2,515 128,875 109,989.10 .85 1 3 \$ 141.69 \$ 47.23	15 33 911.50 27.62 .002 15 33 911.50 27.62 .002 0 0 .00 .00 .00 1 1 38.49 38.49 .000 75 114 9,918.09 87.00 .007 2 65 8,255.07 127.00 .004 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 2,515 128,875 109,989.10 .85 7.607 1 3 \$ 141.69 \$ 47.23 .000	15 33 911.50 27.62 .002 15 33 911.50 27.62 .002 0 0 .00 .00 .000 1 1 38.49 38.49 .000 75 114 9,918.09 87.00 .007 2 65 8,255.07 127.00 .004 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 2,515 128,875 109,989.10 .85 7.607 1 3 \$ 141.69 \$ 47.23 .000 \$	15 33 911.50 27.62 .002 60.77 15 33 911.50 27.62 .002 60.77 0 0 .00 .00 .00 .00 1 1 38.49 38.49 .000 38.49 75 114 9,918.09 87.00 .007 132.24 2 65 8,255.07 127.00 .004 4127.54 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 2,515 128,	15 33 911.50 27.62 .002 60.77 15 33 911.50 27.62 .002 60.77 0 0 .00 .00 .000 .00 1 1 38.49 38.49 .000 38.49 75 114 9,918.09 87.00 .007 132.24 2 65 8,255.07 127.00 .004 4127.54 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 2,515 12

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,157 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

SHASTA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC A	ASSI	STANCE - BLIND						~-	
1 560							MOI				
1,763 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	(COST PER		COST PER
		OR DAYS OF CARE	_			R UNIT/DAY		_	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,506	58 , 607	\$	1,484,843.62	\$	25.34	33.243		985.95		842.23
@PHYSICIANS SERVICES	399	1,925	\$	57,915.45	\$		1.092	\$	145.15	\$	32.85
OUTPATIENT VISITS	158	229		11,560.73		50.48	.130		73.17		6.56
OFFICE VISITS	89	103		3,303.78		32.08	.058		37.12		1.87
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	74	120		8,137.26		67.81	.068		109.96		4.62
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	5	6		119.69		19.95	.003		23.94		.07
INPATIENT VISITS	36	141		6,093.08		43.21	.080		169.25		3.46
HOSPITAL VISITS	35	135		5,488.88		40.66	.077		156.83		3.11
CRITICAL CARE	3	6		604.20		100.70	.003		201.40		.34
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	14	16		561.77		35.11	.009		40.13		.32
EXAMINATIONS	14	16		561.77		35.11	.009		40.13		.32
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	16	196		7,188.84		36.68	.111		449.30		4.08
PRINCIPAL SURGEON	10	19		5,163.03		271.74	.011		516.30		2.93
ASSISTANT SURGEON	3	3		496.84		165.61	.002		165.61		.28
ANESTHESIOLOGIST	5	174		1,528.97		8.79	.099		305.79		.87
OUTPATIENT SURGERY	31	222		8,224.66		37.05	.126		265.31		4.67
PRINCIPAL SURGEON	28	30		7,108.35		236.95	.017		253.87		4.03
ASSISTANT SURGEON	1	1		408.79		408.79	.001		408.79		.23
ANESTHESIOLOGIST	5	191		707.52		3.70	.108		141.50		.40
DIALYSIS	1	2		128.76		64.38	.001		128.76		.07
PATHOLOGY	14	26		240.52		9.25	.015		17.18		.14
RADIOLOGY	100	183		10,091.08		55.14	.104		100.91		5.72
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	3	6		21.05		3.51	.003		7.02		.01
OTHER SERVICES/ALL X-OVERS	213	904		13,804.96		15.27	.513		64.81		7.83
@PHARMACY	1,197	23,730	\$	461,130.59	\$		13.460	Ś	385.24	Ś	261.56
PRESCRIPTION DRUGS	1,164	5,430	Ψ	436,226.10	Y	80.34	3.080	Υ	374.76	Y	247.43
INDOMITITION DIVOGO	1,104	3,430		150,220.10		00.54	3.000		5/1.70		217.45

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	75	448	36,815.32	82.18	.254	490.87	20.88
OUTPATIENTS	1,099	4,982	399,410.78	80.17	2.826	363.43	226.55
MEDICAL SUPPLIES	167	18,300	24,904.49	1.36	10.380	149.13	14.13
@DENTIST	61	253	10,232.00	\$ 40.44	.144	\$ 167.74	\$ 5.80
VISITS - DIAGNOSTIC	43	173	1,815.00	10.49	.098	42.21	1.03
ORAL SURGERY	7	14	1,193.00	85.21	.008	170.43	.68
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	8	8	733.00	91.63	.005	91.63	.42
ENDODONTICS	2	2	660.00	330.00	.001	330.00	.37
RESTORATIVE DENTISTRY	19	36	4,656.00	129.33	.020	245.05	2.64
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	7	15	1,145.00	76.33	.009	163.57	.65
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	4	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF-PAYMENT RI	EPORT FOR JAN	2004 THRU D	EC 2004	PAGE 14,158
$M \cap P \cap 2 A$	FFF_FOD_CFDUTCF/DFNTA	T					03/11/05

MOP024 FEE-FOR-SERVICE/DENTAL SHASTA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

SHASIA COUNII	SUMMARI OF SER	VICES FOR FUBLIC	, ASSI	SIANCE - BLIND		3.6	_ N.T		СП	
1 762 71 767777			~=		3	M			GE	
1,763 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COS			COST PER		COST PER
0.0000000000000000000000000000000000000	F.0	OR DAYS OF CAR		10 000 10	PER UNIT/DA			USER	<u> </u>	ELIGIBLE
@OPTOMETRIST	59	121	\$	10,283.18	\$ 84.98	.069	Ş	174.29	\$	
DIAGNOSTIC AND ANC. PROCED	14	16		769.57	48.10	.009		54.97		.44
EYE APPLIANCES	48	100		9,259.92	92.60	.057		192.92		5.25
OTHER OPTOMETRIC SERVICES	4	5		253.69	50.74	.003		63.42		.14
@CHIROPRACTOR	2	3	\$	50.16	\$ 16.72	.002	\$	25.08	\$.03
VISITS	2	3		50.16	16.72	.002		25.08		.03
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	13	17	\$	306.07	\$ 18.00	.010	\$	23.54	\$.17
MEDICINE/INJECTIONS	12	15		303.65	20.24	.009		25.30		.17
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	1	2		2.42	1.21	.001		2.42		.00
@HOME HEALTH AGENCY	28	4,167	\$	129,251.54	\$ 31.02	2.364	\$	4616.13	\$	73.31
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	3	\$	118.70	\$ 39.57	.002	\$	39.57	\$.07
@TOTAL HOSPITAL	161	1,222	\$	263,395.16	\$ 215.54	.693	\$	1635.99	\$	149.40
HOSP INPATIENT TOTAL	35	117		240,565.87	2056.12	.066		6873.31		136.45
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	27	117		233,179.87	1992.99	.066		8636.29		132.26
ACCOMMODATIONS	27	117		50,152.00	428.65	.066		1857.48		28.45
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	27	117		50,152.00	428.65	.066		1857.48		28.45
ANCILLARIES	27	0		183,027.87	.00	.000		6778.81		103.82
INPATIENT CROSSOVERS	8	0		7,386.00	.00	.000		923.25		4.19
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	136	1,105		22,829.29	20.66	.627		167.86		12.95
MEDICAL	35	45		1,004.64	22.33	.026		28.70		.57
SURGERY	18	19		802.98	42.26	.011		44.61		.46
PATHOLOGY	39	229		2,852.62	12.46	.130		73.14		1.62
				•						

RADIOLOGY	32	38	2,284.00	60.11	.022	71.38	1.30
ROOM USE	77	136	5 , 572.02	40.97	.077	72.36	3.16
CROSSOVERS/ALL OTH OUTPINT	94	638	10,313.03	16.16	.362	109.71	5.85
@COUNTY HOSPITAL TOTAL	2	2 \$	101.67	\$ 50.84	.001 \$	50.84	\$.06
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	2	101.67	50.84	.001	50.84	.06
MEDICAL	1	1	66.32	66.32	.001	66.32	.04
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.35	35.35	.001	35.35	.02
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT REF	PORT FOR JAN 2	2004 THRU DE	EC 2004	PAGE 14,159
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	PUBLIC AS	SISTANCE - BLIND				

----- MONTHLY AVERAGE -----1,763 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 159 1,220 \$ 263,293.49 \$ 215.81 .692 \$ 1655.93 \$ 149.34 @COMMUNITY HOSPITAL TOTAL 35 117 COMM HOSP INPATIENT TOTAL 6873.31 136.45 HSC HOSPITALS 0 0 .00 27 117 NON-HSC HOSPITALS TOTAL 132.26 27 0 0 27 ACCOMMODATIONS 117 28.45 0 .00 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE 117 ALL OTHER ACCOM 0 103.82 ANCILLARIES 8 0 0 0 134 1,103 INPATIENT CROSSOVERS
ALL OTHER INPATIENT 4.19 0 134 COMM HOSP OUTPATIENT TOTAL 12.89 44 34 MEDICAL 19 18 SURGERY 39 32 76 229 38 135 PATHOLOGY 1.62 RADIOLOGY 1.30 CROSSOVERS/ALL OTH OUTPTNT 638 94 5.85 0 0 @STATE HOSPITAL .00 \$.00 \$.00 .000 \$.000 \$.00 0 0 494 183 MENTALLY ILL DEVELOP. DISABLED 0 .00 26 .280 \$ 2508.63 \$ @NURSING FACILITY 37.00 LEV A-INTERMEDIATE .00 LEV B-REHAB MD 0 0 0 0 LEV B-SUBACUTE FREESTANDING .00 LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE 0 .00 311 LEV B-REGULAR 18 27.70 54 1,680 @INTERMEDIATE CARE FACIL.-DD .953 \$ 5900.46 \$ 180.73

ICF DDH	28	821		141,389.93		172.22	.466		5049.64		80.20
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	26	859		177,235.05		206.33	.487		6816.73		100.53
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	14	254	\$	2,399.09	\$	9.45	.144	\$	171.36	\$	1.36
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	14	254		2,399.09		9.45	.144		171.36		1.36
@LABORATORY FACILITY	117	467	\$	5,861.15	\$	12.55	.265	\$	50.10	\$	3.32
PATHOLOGY	110	454		5,802.13		12.78	.258		52.75		3.29
XO AND OTHERS	7	13		59.02		4.54	.007		8.43		.03
@ORGANIZED OUTPATIENT CLINIC	426	700	\$	61,407.80	\$	87.73	.397	\$	144.15	\$	34.83
CLINIC	4	7		270.56		38.65	.004		67.64		.15
SURGICENTER	8	31		2,273.23		73.33	.018		284.15		1.29
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	418	662		58,864.01		88.92	.375		140.82		33.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES 1	MONTH-OF-PAYMENT RI	EPOR'	T FOR JAN 2	2004 THRU	DEC	2004	P	AGE 14,160
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
SHASTA COUNTY	SUMMARY OF SERV	JICES FOR PUBLIC	ASS	ISTANCE - BLIND							
							M	ONT	HLY AVERA	GE	
1,763 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	408	23,571	\$	98,643.27	\$	4.18	13.370	\$	241.77	\$	55.95
DURABLE MED. EQUIP.	46	118		31,010.48		262.80	.067		674.14		17.59
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	19	34		3,049.00		89.68	.019		160.47		1.73
MEDICAL TRANSPORTATION	56	767		14,911.30		19.44	.435		266.27		8.46
AMBULANCES/AIR TRANS	32	456		7,480.38		16.40	.259		233.76		4.24
OTHER TRANS	25	305		1,369.70		4.49	.173		54.79		.78
OTHER SERVICES	6	6		6,061.22		1010.20	.003		1010.20		3.44
ACUPUNCTURE	3	4		64.88		16.22	.002		21.63		.04

ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	53	663	20,488.93	3	30.90	.376	386.58	11.62
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	34	86	7,528.29	8	37.54	.049	221.42	4.27
PHYSICAL THERAPIST	2	45	537.98	1	1.96	.026	268.99	.31
PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	9	1,812.92	20	1.44	.005	302.15	1.03
PROSTHETICS	6	9	1,812.92	20	1.44	.005	302.15	1.03
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	2	8	474.92	5	9.37	.005	237.46	.27
SPEECH AND AUDIOLOGY	4	11	398.20	3	36.20	.006	99.55	.23
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	884	4,726.45		5.35	.501	525.16	2.68
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	218	20,942	13,639.92		.65	11.879	62.57	7.74
@CALIF. CHILDREN SERVICES*	32	498	\$ 20,715.24	\$ 4	1.60	.282	\$ 647.35	\$ 11.75
@XOVER EXCLUDING STATE HOSP**	293	1,704	\$ 42,494.87	\$ 2	24.94	.967	\$ 145.03	\$ 24.10

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,161 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

					MON	THLY AVERA	GE
105,675 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	93 , 837	1,849,095 \$	73,917,974.77	\$ 39.98	17.498 \$	787.73	\$ 699.48
@PHYSICIANS SERVICES	25,266	108,290 \$	4,226,038.36	\$ 39.03	1.025 \$	167.26	\$ 39.99
OUTPATIENT VISITS	10,438	14,524	683,047.78	47.03	.137	65.44	6.46
OFFICE VISITS	5,810	7 , 577	245,953.82	32.46	.072	42.33	2.33
HOME VISITS	4	12	438.40	36.53	.000	109.60	.00
EMERGENCY ROOM	4,935	6,497	422,326.55	65.00	.061	85.58	4.00
PREVENTIVE CARE	1	1	56.92	56.92	.000	56.92	.00
OB VISITS/COMPRE PERI	34	118	4,301.80	36.46	.001	126.52	.04
OTHER OUTPATIENT	290	319	9,970.29	31.25	.003	34.38	.09
INPATIENT VISITS	1,857	8 , 256	421,623.65	51.07	.078	227.05	3.99
HOSPITAL VISITS	1,529	6 , 912	299,134.18	43.28	.065	195.64	2.83
CRITICAL CARE	247	927	114,079.49	123.06	.009	461.86	1.08
SNF/ICF/TRANS IP CARE	292	417	8,409.98	20.17	.004	28.80	.08
OPHTHALMOLOGICAL SERVICES	454	517	22,182.95	42.91	.005	48.86	.21
EXAMINATIONS	452	515	22,127.66	42.97	.005	48.96	.21
SERVICES AND MATERIALS	2	2	55.29	27.65	.000	27.65	.00
INPATIENT HOSPITAL SURGERY	862	14,513	434,478.46	29.94	.137	504.04	4.11
PRINCIPAL SURGEON	616	972	339,396.95	349.17	.009	550.97	3.21
ASSISTANT SURGEON	123	125	22,873.23	182.99	.001	185.96	.22
ANESTHESIOLOGIST	282	13,416	72,208.28	5.38	.127	256.06	.68
OUTPATIENT SURGERY	2,147	18,788	493,877.87	26.29	.178	230.03	4.67
PRINCIPAL SURGEON	1,914	2 , 615	439,003.73	167.88	.025	229.36	4.15
ASSISTANT SURGEON	41	41	5,142.14	125.42	.000	125.42	.05
ANESTHESIOLOGIST	335	16,132	49,732.00	3.08	.153	148.45	.47
DIALYSIS	124	375	31,806.83	84.82	.004	256.51	.30
PATHOLOGY	941	1,813	15,694.56	8.66	.017	16.68	.15

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	7,644	15,660		1,057,086.37		67.50	.148		138.29		10.00
PSYCHIATRY	5	5		290.81		58.16	.000		58.16		.00
IMMUNIZATION AND INJECTION	813	3,918		421,931.32		107.69	.037		518.98		3.99
OTHER SERVICES/ALL X-OVERS	11,174	29,921		644,017.76		21.52	.283		57.64		6.09
@PHARMACY	75,407	342 , 208	\$	38,642,591.90	\$	45.88	7.970	\$	512.45	\$	365.67
PRESCRIPTION DRUGS		380,521		37,657,797.49		98.96	3.601		505.07		356.35
SNF/ICF	1,504	11,596		1,085,508.29		93.61	.110		721.75		10.27
OUTPATIENTS	73,207	368 , 925		36,572,289.20		99.13	3.491		499.57		346.08
MEDICAL SUPPLIES	6,953	461 , 687		984 , 794.41		2.13	4.369		141.64		9.32
@DENTIST		22,668		902 , 823.86	\$	39.83	.215	\$	187.27	\$	8.54
VISITS - DIAGNOSTIC	•	14,110		163,922.62		11.62	.134		51.86		1.55
ORAL SURGERY	807	2,368		131,402.25		55.49			162.83		1.24
DRUGS	67	141		1,970.00		13.97	.001		29.40		.02
ANESTHESIA	124	126		11,500.00		91.27	.001		92.74		.11
PERIODONTICS	288	306		30,775.00		100.57			106.86		.29
ENDODONTICS	316	504		112,387.75		222.99			355.66		1.06
RESTORATIVE DENTISTRY	1,243	3,100		225 , 687.00		72.80	.029		181.57		2.14
PROSTHETICS	36	37		1,500.00		40.54	.000		41.67		.01
DENTURES, STAYPLATES	627	1,705		212,364.22		124.55	.016		338.70		2.01
SPACE MAINTAINERS	2	2		222.00		111.00	.000		111.00		.00
MAXILLOFACIAL SERVICES	7	12		3,010.18		250.85	.000		430.03		.03
FRACTURES, DISLOCATIONS	4	5		3,187.84		637.57	.000		796.96		.03
ORTHODONTIC SERVICES	38	53		4,745.00		89.53	.001		124.87		.04
ALL OTHER SERVICES	111	199		150.00		.75	.002		1.35		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E		RES 1	MONTH-OF-PAYMENT RE	PORT	FOR JAN	2004 THRU	DEC	2004	PI	AGE 14,162
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	R PUBLIC	ASS	ISTANCE - DISABLED							

DHADIA COUNTI	SOMMAN OF SER	VICES FOR TODALC	MODI	DIANCE DISABLED							
									THLY AVERA	GE.	
105,675 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST	/	S	COST PER		COST PER
		OR DAYS OF CARE			PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2 , 933	8,463	\$	183,489.55	\$	21.68	.080	\$	62.56	\$	1.74
DIAGNOSTIC AND ANC. PROCED	1,389	1 , 455		61,124.64		42.01	.014		44.01		.58
EYE APPLIANCES	2,235	6 , 478		112,013.61		17.29	.061		50.12		1.06
OTHER OPTOMETRIC SERVICES	324	530		10,351.30		19.53	.005		31.95		.10
@CHIROPRACTOR	1,399	2,205	\$	36,221.18	\$	16.43	.021	\$	25.89	\$.34
VISITS	1,291	2,052		34,192.60		16.66	.019		26.49		.32
OTHER SERVICES	109	153		2,028.58		13.26	.001		18.61		.02
@PODIATRIST	141	176	\$	4,010.23	\$	22.79	.002	\$	28.44	\$.04
MEDICINE/INJECTIONS	84	92		2,398.19		26.07	.001		28.55		.02
SURGERY/ANES.	2	3		743.59		247.86	.000		371.80		.01
RADIO./PATHOLOGY	1	1		17.30		17.30	.000		17.30		.00
OTHER	56	80		851.15		10.64	.001		15.20		.01
@HOME HEALTH AGENCY	649	22,098	\$	771,972.36	\$	34.93	.209	\$	1189.48	\$	7.31
NURSE ANESTHESIST	23	455	\$	2,372.39	\$	5.21	.004	\$	103.15	\$.02
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	2CR	\$	24.00CR	\$	12.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	193	276	\$	6,703.52	\$	24.29	.003	\$	34.73	\$.06
@TOTAL HOSPITAL	12,080	75 , 565	\$	15,173,477.69	\$	200.80	.715	\$	1256.08	\$	143.59
HOSP INPATIENT TOTAL	1,761	7,193		13,210,096.01		1836.52	.068		7501.47		125.01
HSC HOSPITALS	139	944		1,415,861.77		1499.85	.009		10186.06		13.40
NON-HSC HOSPITAL TOTAL	1,136	6,249		11,335,422.72		1813.96	.059		9978.37		107.27
ACCOMMODATIONS	1,129	6 , 249		2,786,461.57		445.91	.059		2468.08		26.37
ADMINISTRATIVE DAYS	6	59		13,161.11		223.07	.001		2193.52		.12
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,124	6 , 190		2,773,300.46		448.03	.059		2467.35		26.24
ANCILLARIES	1,136	0		8,548,961.15		.00	.000		7525.49		80.90

INPATIENT CROSSOVERS	498	0	458,811.52	.00	.000	921.31	4.34
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10,830	68,372 6,451	1,963,381.68	28.72	.647	181.29	18.58
MEDICAL	3,743	6,451	236,946.23	36.73	.061	181.29 63.30	2.24
SURGERY	1,186	1,377	51,084.36	37.10	.013	43.07	.48
PATHOLOGY	3,669	19,506	217,988.54	11.18		59.41	2.06
RADIOLOGY	2,879	4,713	347,703.18	73.78		120.77	3.29
ROOM USE	6 , 303	9 177	346,885.22	37.80	.087	55.03	3.28
CROSSOVERS/ALL OTH OUTPTNT		27,148	762,774.15	28.10	.257	120.85	7.22
	0.5	262 6	01 047 00	20.10 c 50.70	002	223.66	
@COUNTY HOSPITAL TOTAL	5	302 7	21,247.93			1864.41	
CO HOSPITAL INPATIENT TOTAL	2	0	9,322.03	1553.67			.09
HSC HOSPITALS	2	2	2,512.00	1256.00	.000	1256.00	.02
NON-HSC HOSPITALS TOTAL	2	4	6,797.97	1699.49 641.25	.000	3398.99	.06
ACCOMMODATIONS	2	4	2,565.00		.000	1282.50	.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	2	4	2,565.00	641.25	.000	1282.50	.02
ANCILLARIES	2	0	4,232.97	.00	.000	2116.49	.04
INPATIENT CROSSOVERS	1	0	12.06	.00	.000	12.06	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	92	362 \$ 6 2 4 4 0 0 4 0 0 356 80	11,925.90	33.50	.003	129.63	.11
MEDICAL	50	80	4,188.73	52.36	.001	83.77	.04
SURGERY	1	6	481.79	80.30	.000	83.77 120.45	.00
PATHOLOGY	33	140	1,650.56	11.79	.001	50.02 116.07 51.61	.02
RADIOLOGY	19	31	2,205.32	71.14	.000	116.07	.02
ROOM USE	45	60	2,322.50	71.14 38.71	.001	51 61	.02
CROSSOVERS/ALL OTH OUTPTNT		39	1,077.00	27.62	.000	51.29	.01
		CES AND EXPENDITURES MO					PAGE 14,163
#CHELL DELL OF HEHELIN DERV							
			31,111 01 11111111111 111			.0 2001	
MOP024	FEE-FOR-SERVICE	E/DENTAL				.0 2001	03/14/05
	FEE-FOR-SERVICE						03/14/05
MOP024 SHASTA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	E/DENTAL VICES FOR PUBLIC ASSIS	STANCE - DISABLED		MON	ITHLY AVERA	03/14/05 GE
MOP024	FEE-FOR-SERVICE	E/DENTAL VICES FOR PUBLIC ASSIS UNITS OF SERVICE	STANCE - DISABLED	AVERAGE COST	MON UNITS/DAYS	ITHLY AVERA COST PER	03/14/05 GE COST PER
MOP024 SHASTA COUNTY 105,675 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL VICES FOR PUBLIC ASSIS UNITS OF SERVICE OR DAYS OF CARE	STANCE - DISABLED EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON UNITS/DAYS PER ELIG	ITHLY AVERA COST PER USER	03/14/05 GE COST PER ELIGIBLE
MOP024 SHASTA COUNTY 105,675 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL VICES FOR PUBLIC ASSIS UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES 15,152,229.76	AVERAGE COST PER UNIT/DAY \$ 201.48	MON UNITS/DAYS PER ELIG .712 \$	ITHLY AVERA COST PER USER 5 1263.11	03/14/05 GE COST PER ELIGIBLE \$ 143.39
MOP024 SHASTA COUNTY 105,675 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL VICES FOR PUBLIC ASSIS UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES 15,152,229.76	AVERAGE COST PER UNIT/DAY \$ 201.48	MON UNITS/DAYS PER ELIG .712 \$	THLY AVERA COST PER USER 1263.11 7517.53	03/14/05 GE COST PER ELIGIBLE \$ 143.39 124.92
MOP024 SHASTA COUNTY 105,675 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 11,996 1,756 137	E/DENTAL FICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 75,203 \$ 7,187 942	EXPENDITURES 15,152,229.76 13,200,773.98 1,413,349.77	AVERAGE COST PER UNIT/DAY \$ 201.48 1836.76 1500.37	MON UNITS/DAYS PER ELIG .712 \$.068 .009	THLY AVERA COST PER USER 1263.11 7517.53 10316.42	03/14/05 GE COST PER ELIGIBLE \$ 143.39 124.92 13.37
MOP024 SHASTA COUNTY 105,675 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 11,996 1,756 137 1,134	E/DENTAL FICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 75,203 \$ 7,187 942 6,245	EXPENDITURES 15,152,229.76 13,200,773.98 1,413,349.77	AVERAGE COST PER UNIT/DAY \$ 201.48 1836.76 1500.37	MON UNITS/DAYS PER ELIG .712 \$.068 .009	THLY AVERA COST PER USER 1263.11 7517.53 10316.42	03/14/05 GE COST PER ELIGIBLE \$ 143.39 124.92 13.37
MOP024 SHASTA COUNTY 105,675 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 11,996 1,756 137 1,134	E/DENTAL FICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 75,203 \$ 7,187 942 6,245	EXPENDITURES 15,152,229.76 13,200,773.98 1,413,349.77 11,328,624.75 2,783,896.57	AVERAGE COST PER UNIT/DAY \$ 201.48 1836.76 1500.37 1814.03 445.78	MON UNITS/DAYS PER ELIG .712 \$.068 .009 .059 .059	THLY AVERA COST PER USER 1263.11 7517.53 10316.42 9989.97 2470.18	03/14/05 GE COST PER ELIGIBLE \$ 143.39 124.92 13.37 107.20 26.34
MOP024 SHASTA COUNTY 105,675 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 11,996 1,756 137 1,134	E/DENTAL FICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 75,203 \$ 7,187 942 6,245	EXPENDITURES 15,152,229.76 13,200,773.98 1,413,349.77 11,328,624.75 2,783,896.57 13,161.11	AVERAGE COST PER UNIT/DAY \$ 201.48 1836.76 1500.37 1814.03 445.78 223.07	MON UNITS/DAYS PER ELIG .712 \$.068 .009 .059 .059	THLY AVERA COST PER USER 1263.11 7517.53 10316.42 9989.97 2470.18 2193.52	03/14/05 GE COST PER ELIGIBLE \$ 143.39 124.92 13.37 107.20 26.34 .12
MOP024 SHASTA COUNTY 105,675 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 11,996 1,756 137 1,134 1,127 6	E/DENTAL VICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 75,203 \$ 7,187 942 6,245 6,245 6,245 59 0	EXPENDITURES 15,152,229.76 13,200,773.98 1,413,349.77 11,328,624.75 2,783,896.57 13,161.11 .00	AVERAGE COST PER UNIT/DAY \$ 201.48 1836.76 1500.37 1814.03 445.78 223.07 .00	MON UNITS/DAYS PER ELIG .712 \$.068 .009 .059 .059 .059	THLY AVERA COST PER USER 5 1263.11 7517.53 10316.42 9989.97 2470.18 2193.52 .00	03/14/05 GE COST PER ELIGIBLE \$ 143.39
MOP024 SHASTA COUNTY 105,675 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE SUMMARY OF SERV USERS 11,996 1,756 137 1,134 1,127 6 0	E/DENTAL VICES FOR PUBLIC ASSIS UNITS OF SERVICE OR DAYS OF CARE 75,203 \$ 7,187 942 6,245 6,245 6,245 59 0 6,186	EXPENDITURES 15,152,229.76 13,200,773.98 1,413,349.77 11,328,624.75 2,783,896.57 13,161.11 .00 2,770,735.46	AVERAGE COST PER UNIT/DAY \$ 201.48 1836.76 1500.37 1814.03 445.78 223.07 .00 447.90	MON UNITS/DAYS PER ELIG .712 \$.068 .009 .059 .059 .001 .000	THLY AVERA COST PER USER 1263.11 7517.53 10316.42 9989.97 2470.18 2193.52 .00 2469.46	03/14/05 GE COST PER ELIGIBLE \$ 143.39 124.92 13.37 107.20 26.34 .12 .00 26.22
MOP024 SHASTA COUNTY 105,675 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 11,996 1,756 137 1,134 1,127 6 0 1,122 1,134	E/DENTAL VICES FOR PUBLIC ASSIS UNITS OF SERVICE OR DAYS OF CARE 75,203 \$ 7,187 942 6,245 6,245 59 0 6,186 0	EXPENDITURES 15,152,229.76 13,200,773.98 1,413,349.77 11,328,624.75 2,783,896.57 13,161.11 .00 2,770,735.46 8,544,728.18	AVERAGE COST PER UNIT/DAY \$ 201.48 1836.76 1500.37 1814.03 445.78 223.07 .00 447.90	MON UNITS/DAYS PER ELIG .712 \$.068 .009 .059 .059 .001 .000 .059	THLY AVERA COST PER USER 1263.11 7517.53 10316.42 9989.97 2470.18 2193.52 .00 2469.46 7535.03	03/14/05 GE COST PER ELIGIBLE \$ 143.39 124.92 13.37 107.20 26.34 .12 .00 26.22 80.86
MOP024 SHASTA COUNTY 105,675 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 11,996 1,756 137 1,134 1,127 6 0 1,122 1,134 497	E/DENTAL VICES FOR PUBLIC ASSIS UNITS OF SERVICE OR DAYS OF CARE 75,203 \$ 7,187 942 6,245 6,245 6,245 59 0 6,186 0 0	EXPENDITURES 15,152,229.76 13,200,773.98 1,413,349.77 11,328,624.75 2,783,896.57 13,161.11 .00 2,770,735.46 8,544,728.18 458,799.46	AVERAGE COST PER UNIT/DAY \$ 201.48 1836.76 1500.37 1814.03 445.78 223.07 .00 447.90 .00	MON UNITS/DAYS PER ELIG .712 \$.068 .009 .059 .059 .001 .000 .059	THLY AVERA COST PER USER 1263.11 7517.53 10316.42 9989.97 2470.18 2193.52 .00 2469.46 7535.03 923.14	03/14/05 GE COST PER ELIGIBLE \$ 143.39 124.92 13.37 107.20 26.34 .12 .00 26.22 80.86 4.34
MOP024 SHASTA COUNTY 105,675 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 11,996 1,756 137 1,134 1,127 6 0 1,122 1,134 497	E/DENTAL VICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 75,203 \$ 7,187 942 6,245 6,245 6,245 59 0 6,186 0 0 0	EXPENDITURES 15,152,229.76 13,200,773.98 1,413,349.77 11,328,624.75 2,783,896.57 13,161.11 .00 2,770,735.46 8,544,728.18 458,799.46	AVERAGE COST PER UNIT/DAY \$ 201.48 1836.76 1500.37 1814.03 445.78 223.07 .00 447.90 .00	MON UNITS/DAYS PER ELIG .712 \$.068 .009 .059 .059 .001 .000 .059	THLY AVERA COST PER USER 1263.11 7517.53 10316.42 9989.97 2470.18 2193.52 .00 2469.46 7535.03 923.14 .00	03/14/05 GE COST PER ELIGIBLE \$ 143.39 124.92 13.37 107.20 26.34 .12 .00 26.22 80.86 4.34 .00
MOP024 SHASTA COUNTY 105,675 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 11,996 1,756 137 1,134 1,127 6 0 1,122 1,134 497	E/DENTAL VICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 75,203 \$ 7,187 942 6,245 6,245 6,245 59 0 6,186 0 0 0	EXPENDITURES 15,152,229.76 13,200,773.98 1,413,349.77 11,328,624.75 2,783,896.57 13,161.11 .00 2,770,735.46 8,544,728.18 458,799.46	AVERAGE COST PER UNIT/DAY \$ 201.48 1836.76 1500.37 1814.03 445.78 223.07 .00 447.90	MON UNITS/DAYS PER ELIG .712 \$.068 .009 .059 .059 .001 .000 .059	THLY AVERA COST PER USER 1263.11 7517.53 10316.42 9989.97 2470.18 2193.52 .00 2469.46 7535.03 923.14	03/14/05 GE COST PER ELIGIBLE \$ 143.39 124.92 13.37 107.20 26.34 .12 .00 26.22 80.86 4.34
MOP024 SHASTA COUNTY 105,675 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 11,996 1,756 137 1,134 1,127 6 0 1,122 1,134 497 0 10,746 3,696	E/DENTAL VICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 75,203 \$ 7,187 942 6,245 6,245 6,245 6,245 6,245 0 0 6,186 0 0 0 68,016 6,371	EXPENDITURES 15,152,229.76 13,200,773.98 1,413,349.77 11,328,624.75 2,783,896.57 13,161.11 .00 2,770,735.46 8,544,728.18 458,799.46 .00 1,951,455.78 232,757.50	AVERAGE COST PER UNIT/DAY \$ 201.48 1836.76 1500.37 1814.03 445.78 223.07 .00 447.90 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .712 \$.068 .009 .059 .059 .001 .000 .059 .000	TTHLY AVERA COST PER USER 5 1263.11 7517.53 10316.42 9989.97 2470.18 2193.52 .00 2469.46 7535.03 923.14 .00 181.60 62.98	03/14/05 GE COST PER ELIGIBLE \$ 143.39 124.92 13.37 107.20 26.34 .12 .00 26.22 80.86 4.34 .00 18.47 2.20
MOP024 SHASTA COUNTY 105,675 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 11,996 1,756 137 1,134 1,127 6 0 1,122 1,134 497 0 10,746	E/DENTAL VICES FOR PUBLIC ASSIS UNITS OF SERVICE OR DAYS OF CARE 75,203 \$ 7,187 942 6,245 6,245 6,245 59 0 6,186 0 0 0 68,016	EXPENDITURES 15,152,229.76 13,200,773.98 1,413,349.77 11,328,624.75 2,783,896.57 13,161.11 00 2,770,735.46 8,544,728.18 458,799.46 00 1,951,455.78	AVERAGE COST PER UNIT/DAY \$ 201.48 1836.76 1500.37 1814.03 445.78 223.07 .00 447.90 .00 .00 .00	MON UNITS/DAYS PER ELIG .712 \$.068 .009 .059 .059 .001 .000 .059 .000	TTHLY AVERA COST PER USER 1263.11 7517.53 10316.42 9989.97 2470.18 2193.52 .00 2469.46 7535.03 923.14 .00 181.60	03/14/05 GE COST PER ELIGIBLE \$ 143.39 124.92 13.37 107.20 26.34 .12 .00 26.22 80.86 4.34 .00 18.47 2.20
MOP024 SHASTA COUNTY 105,675 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 11,996 1,756 137 1,134 1,127 6 0 1,122 1,134 497 0 10,746 3,696 1,182	E/DENTAL VICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 75,203 \$ 7,187 942 6,245 6,245 6,245 6,245 6,245 0 0 6,186 0 0 0 68,016 6,371 1,371	EXPENDITURES 15,152,229.76 13,200,773.98 1,413,349.77 11,328,624.75 2,783,896.57 13,161.11 .00 2,770,735.46 8,544,728.18 458,799.46 .00 1,951,455.78 232,757.50	AVERAGE COST PER UNIT/DAY \$ 201.48 1836.76 1500.37 1814.03 445.78 223.07 .00 447.90 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .712 \$.068 .009 .059 .059 .001 .000 .059 .000	TTHLY AVERA COST PER USER 5 1263.11 7517.53 10316.42 9989.97 2470.18 2193.52 .00 2469.46 7535.03 923.14 .00 181.60 62.98	03/14/05 GE COST PER ELIGIBLE \$ 143.39 124.92 13.37 107.20 26.34 .12 .00 26.22 80.86 4.34 .00 18.47 2.20
MOP024 SHASTA COUNTY 105,675 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 11,996 1,756 137 1,134 1,127 6 0 1,122 1,134 497 0 10,746 3,696	E/DENTAL VICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 75,203 \$ 7,187 942 6,245 6,245 6,245 6,245 6,245 0 0 6,186 0 0 0 68,016 6,371	EXPENDITURES 15,152,229.76 13,200,773.98 1,413,349.77 11,328,624.75 2,783,896.57 13,161.11 .00 2,770,735.46 8,544,728.18 458,799.46 .00 1,951,455.78 232,757.50 50,602.57 216,337.98	AVERAGE COST PER UNIT/DAY \$ 201.48 1836.76 1500.37 1814.03 445.78 223.07 .00 447.90 .00 .00 .00 .28.69 36.53 36.91	MON UNITS/DAYS PER ELIG .712 \$.068 .009 .059 .059 .001 .000 .059 .000 .000 .000	TTHLY AVERA COST PER USER 1263.11 7517.53 10316.42 9989.97 2470.18 2193.52 .00 2469.46 7535.03 923.14 .00 181.60 62.98 42.81	03/14/05 GE COST PER ELIGIBLE \$ 143.39 124.92 13.37 107.20 26.34 .12 .00 26.22 80.86 4.34 .00 18.47 2.20 .48 2.05
MOP024 SHASTA COUNTY 105,675 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 11,996 1,756 137 1,134 1,127 6 0 1,122 1,134 497 0 10,746 3,696 1,182 3,637	E/DENTAL VICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 75,203 \$ 7,187 942 6,245 6,245 6,245 6,245 0 0 6,186 0 0 0 68,016 6,371 1,371 19,366	EXPENDITURES 15,152,229.76 13,200,773.98 1,413,349.77 11,328,624.75 2,783,896.57 13,161.11 00 2,770,735.46 8,544,728.18 458,799.46 00 1,951,455.78 232,757.50 50,602.57	AVERAGE COST PER UNIT/DAY \$ 201.48 1836.76 1500.37 1814.03 445.78 223.07 .00 447.90 .00 .00 .00 .28.69 36.53 36.91 11.17	MON UNITS/DAYS PER ELIG .712 \$.068 .009 .059 .059 .001 .000 .059 .000 .000 .000 .000	TTHLY AVERA COST PER USER 1263.11 7517.53 10316.42 9989.97 2470.18 2193.52 .00 2469.46 7535.03 923.14 .00 181.60 62.98 42.81 59.48	03/14/05 GE COST PER ELIGIBLE \$ 143.39 124.92 13.37 107.20 26.34 .12 .00 26.22 80.86 4.34 .00 18.47 2.20 .48
MOP024 SHASTA COUNTY 105,675 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 11,996 1,756 137 1,134 1,127 6 0 1,122 1,134 497 0 10,746 3,696 1,182 3,637 2,861 6,263	E/DENTAL VICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 75,203 \$ 7,187 942 6,245 6,245 6,245 59 0 6,186 0 0 68,016 6,371 1,371 19,366 4,682 9,117	EXPENDITURES 15,152,229.76 13,200,773.98 1,413,349.77 11,328,624.75 2,783,896.57 13,161.11 .00 2,770,735.46 8,544,728.18 458,799.46 .00 1,951,455.78 232,757.50 50,602.57 216,337.98 345,497.86	AVERAGE COST PER UNIT/DAY \$ 201.48 1836.76 1500.37 1814.03 445.78 223.07 .00 447.90 .00 .00 .00 .28.69 36.53 36.91 11.17 73.79 37.79	MON UNITS/DAYS PER ELIG .712 \$.068 .009 .059 .059 .001 .000 .059 .000 .000 .000 .000 .013 .183 .044	TTHLY AVERA COST PER USER 1263.11 7517.53 10316.42 9989.97 2470.18 2193.52 .00 2469.46 7535.03 923.14 .00 181.60 62.98 42.81 59.48 120.76	03/14/05 GE COST PER ELIGIBLE \$ 143.39 124.92 13.37 107.20 26.34 .12 .00 26.22 80.86 4.34 .00 18.47 2.20 .48 2.05 3.27 3.26
MOP024 SHASTA COUNTY 105,675 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 11,996 1,756 137 1,134 1,127 6 0 1,122 1,134 497 0 10,746 3,696 1,182 3,637 2,861	E/DENTAL VICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 75,203 \$ 7,187 942 6,245 6,245 6,245 59 0 6,186 0 0 68,016 6,371 1,371 19,366 4,682 9,117 27,109	EXPENDITURES 15,152,229.76 13,200,773.98 1,413,349.77 11,328,624.75 2,783,896.57 13,161.11 .00 2,770,735.46 8,544,728.18 458,799.46 .00 1,951,455.78 232,757.50 50,602.57 216,337.98 345,497.86 344,562.72	AVERAGE COST PER UNIT/DAY \$ 201.48 1836.76 1500.37 1814.03 445.78 223.07 .00 447.90 .00 .00 .00 .28.69 36.53 36.91 11.17 73.79	MON UNITS/DAYS PER ELIG .712 \$.068 .009 .059 .001 .000 .059 .000 .000 .000 .000 .013 .183 .044	TTHLY AVERA COST PER USER 1263.11 7517.53 10316.42 9989.97 2470.18 2193.52 .00 2469.46 7535.03 923.14 .00 181.60 62.98 42.81 59.48 120.76 55.02 121.08	03/14/05 GE COST PER ELIGIBLE \$ 143.39 124.92 13.37 107.20 26.34 .12 .00 26.22 80.86 4.34 .00 18.47 2.20 .48 2.05 3.27
MOP024 SHASTA COUNTY 105,675 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 11,996 1,756 137 1,134 1,127 6 0 1,122 1,134 497 0 10,746 3,696 1,182 3,637 2,861 6,263 6,291	E/DENTAL VICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 75,203 \$ 7,187 942 6,245 6,245 6,245 59 0 6,186 0 0 68,016 6,371 1,371 19,366 4,682 9,117 27,109 0 \$	EXPENDITURES 15,152,229.76 13,200,773.98 1,413,349.77 11,328,624.75 2,783,896.57 13,161.11 .00 2,770,735.46 8,544,728.18 458,799.46 .00 1,951,455.78 232,757.50 50,602.57 216,337.98 345,497.86 344,562.72 761,697.15 .00	AVERAGE COST PER UNIT/DAY \$ 201.48 1836.76 1500.37 1814.03 445.78 223.07 .00 447.90 .00 .00 .00 .28.69 36.53 36.91 11.17 73.79 37.79 28.10 \$.00	MON UNITS/DAYS PER ELIG .712 \$.068 .009 .059 .001 .000 .059 .000 .000 .000 .000 .000 .000	TTHLY AVERA COST PER USER 1263.11 7517.53 10316.42 9989.97 2470.18 2193.52 .00 2469.46 7535.03 923.14 .00 181.60 62.98 42.81 59.48 120.76 55.02 121.08	03/14/05 GE COST PER ELIGIBLE \$ 143.39 124.92 13.37 107.20 26.34 .12 .00 26.22 80.86 4.34 .00 18.47 2.20 .48 2.05 3.27 3.26 7.21 \$.00
MOP024 SHASTA COUNTY 105,675 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 11,996 1,756 137 1,134 1,127 6 0 1,122 1,134 497 0 10,746 3,696 1,182 3,637 2,861 6,263 6,291 0	E/DENTAL VICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 75,203 \$ 7,187 942 6,245 6,245 6,245 59 0 6,186 0 0 68,016 6,371 1,371 19,366 4,682 9,117 27,109	EXPENDITURES 15,152,229.76 13,200,773.98 1,413,349.77 11,328,624.75 2,783,896.57 13,161.11 .00 2,770,735.46 8,544,728.18 458,799.46 .00 1,951,455.78 232,757.50 50,602.57 216,337.98 345,497.86 344,562.72 761,697.15 .00 .00	AVERAGE COST PER UNIT/DAY \$ 201.48 1836.76 1500.37 1814.03 445.78 223.07 .00 447.90 .00 .00 .00 28.69 36.53 36.91 11.17 73.79 37.79 28.10 \$.00	MON UNITS/DAYS PER ELIG .712 \$.068 .009 .059 .059 .001 .000 .059 .000 .000 .000 .000 .183 .183 .044 .086 .257 .000 .000	TTHLY AVERA COST PER USER 1263.11 7517.53 10316.42 9989.97 2470.18 2193.52 .00 2469.46 7535.03 923.14 .00 181.60 62.98 42.81 59.48 120.76 55.02 121.08	03/14/05 GE COST PER ELIGIBLE \$ 143.39 124.92 13.37 107.20 26.34 .12 .00 26.22 80.86 4.34 .00 18.47 2.20 .48 2.05 3.27 3.26 7.21 \$.00 .00
MOP024 SHASTA COUNTY 105,675 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 11,996 1,756 137 1,134 1,127 6 0 1,122 1,134 497 0 10,746 3,696 1,182 3,637 2,861 6,263 6,291 0 0 0	E/DENTAL VICES FOR PUBLIC ASSIST UNITS OF SERVICE OR DAYS OF CARE 75,203 \$ 7,187 942 6,245 6,245 6,245 59 0 6,186 0 0 68,016 6,371 1,371 19,366 4,682 9,117 27,109 0 \$ 0 0	EXPENDITURES 15,152,229.76 13,200,773.98 1,413,349.77 11,328,624.75 2,783,896.57 13,161.11 .00 2,770,735.46 8,544,728.18 458,799.46 .00 1,951,455.78 232,757.50 50,602.57 216,337.98 345,497.86 344,562.72 761,697.15 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 201.48 1836.76 1500.37 1814.03 445.78 223.07 .00 447.90 .00 .00 .00 28.69 36.53 36.91 11.17 73.79 37.79 28.10 \$.00 .00	MON UNITS/DAYS PER ELIG .712 \$.068 .009 .059 .059 .001 .000 .059 .000 .000 .000 .000 .001 .183 .044 .086 .257 .000 \$.000 .000	TTHLY AVERA COST PER USER 1263.11 7517.53 10316.42 9989.97 2470.18 2193.52 .00 2469.46 7535.03 923.14 .00 181.60 62.98 42.81 59.48 120.76 55.02 121.08	03/14/05 GE COST PER ELIGIBLE \$ 143.39 124.92 13.37 107.20 26.34 .12 .00 26.22 80.86 4.34 .00 18.47 2.20 .48 2.05 3.27 3.26 7.21 \$.00 .00 .00
MOP024 SHASTA COUNTY 105,675 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 11,996 1,756 137 1,134 1,127 6 0 1,122 1,134 497 0 10,746 3,696 1,182 3,637 2,861 6,263 6,291 0 0	E/DENTAL VICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 75,203 \$ 7,187 942 6,245 6,245 6,245 59 0 6,186 0 0 68,016 6,371 1,371 19,366 4,682 9,117 27,109 0 \$ 0	EXPENDITURES 15,152,229.76 13,200,773.98 1,413,349.77 11,328,624.75 2,783,896.57 13,161.11 .00 2,770,735.46 8,544,728.18 458,799.46 .00 1,951,455.78 232,757.50 50,602.57 216,337.98 345,497.86 344,562.72 761,697.15 .00 .00	AVERAGE COST PER UNIT/DAY \$ 201.48 1836.76 1500.37 1814.03 445.78 223.07 .00 447.90 .00 .00 .00 28.69 36.53 36.91 11.17 73.79 37.79 28.10 \$.00	MON UNITS/DAYS PER ELIG .712 \$.068 .009 .059 .059 .001 .000 .059 .000 .000 .000 .000 .183 .183 .044 .086 .257 .000 .000	TTHLY AVERA COST PER USER 1263.11 7517.53 10316.42 9989.97 2470.18 2193.52 .00 2469.46 7535.03 923.14 .00 181.60 62.98 42.81 59.48 120.76 55.02 121.08 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 143.39 124.92 13.37 107.20 26.34 .12 .00 26.22 80.86 4.34 .00 18.47 2.20 .48 2.05 3.27 3.26 7.21 \$.00 .00 .00

33	993		124,105.79		124.98		.009		3760.78		1.17
; 0	0		.00		.00		.000		.00		.00
17	385		216,282.70		561.77		.004		12722.51		2.05
0	0		.00		.00		.000		.00		.00
451	10,331		1,503,422.97		145.53		.098		3333.53		14.23
593	17,860	\$	3,258,285.59	\$	182.43		.169	\$	5494.58	\$	30.83
400	11,912		2,027,303.81		170.19		.113		5068.26		19.18
0	0		.00		.00		.000		.00		.00
195	5 , 948		1,230,981.78		206.96		.056		6312.73		11.65
340	10,204	\$	509,920.94	\$	49.97		.097	\$	1499.77	\$	4.83
0	0		.00		.00		.000		.00		.00
340	10,204		509,920.94		49.97		.097		1499.77		4.83
246	3,354	\$	39,691.59	\$	11.83		.032	\$	161.35	\$.38
					21.30		.001				.02
230	3 , 258		37,646.48		11.56		.031		163.68		.36
8 , 795	39 , 902	\$	457,988.81	\$	11.48		.378	\$	52.07	\$	4.33
8,440	39 , 235		441,527.46		11.25		.371		52.31		4.18
355	667		16,461.35		24.68		.006		46.37		.16
31,073	51,310	\$,,		81.63		.486	\$		\$	39.63
556	1,703		•				.016				.36
481	1,558				58.62		.015		189.87		.86
7	79		949.33		12.02		.001		135.62		.01
30,382	47 , 970		4,057,976.05		84.59		.454		133.57		38.40
MEDI-CAL SERVICES AND	EXPENDIT	URES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2004	THRU	DEC	2004	PI	AGE 14,164
FEE-FOR-SERVICE/DENTA	L										03/14/05
SUMMARY OF SERVICES F	OR PUBLI	C ASS	ISTANCE - DISABLE	D							
							M	IONT	HLY AVERA	GE -	
	0 17 0 451 593 400 0 195 340 0 340 246 16 230 8,795 8,440 355 31,073 556 481 7 30,382 MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA	0 0 0 0 17 385 0 0 0 451 10,331 593 17,860 400 11,912 0 0 0 195 5,948 340 10,204 0 0 340 10,204 246 3,354 16 96 230 3,258 8,795 39,902 8,440 39,235 355 667 31,073 51,310 556 1,703 481 1,558 7 79 30,382 47,970 MEDI-CAL SERVICES AND EXPENDIT FEE-FOR-SERVICE/DENTAL	0 0 0 17 385 0 0 451 10,331 593 17,860 \$ 400 11,912 0 0 0 195 5,948 340 10,204 \$ 0 0 340 10,204 246 3,354 \$ 16 96 230 3,258 8,795 39,902 \$ 8,440 39,235 355 667 31,073 51,310 \$ 556 1,703 481 1,558 7 79 30,382 47,970 MEDI-CAL SERVICES AND EXPENDITURES FEE-FOR-SERVICE/DENTAL	0 0 0 .00 17 385 216,282.70 0 0 0 .00 451 10,331 1,503,422.97 593 17,860 \$ 3,258,285.59 400 11,912 2,027,303.81 0 0 0 .00 195 5,948 1,230,981.78 340 10,204 \$ 509,920.94 0 0 .00 340 10,204 509,920.94 246 3,354 \$ 39,691.59 16 96 2,045.11 230 3,258 37,646.48 8,795 39,902 \$ 457,988.81 8,440 39,235 441,527.46 355 667 16,461.35 31,073 51,310 \$ 4,188,277.12 556 1,703 38,025.64 481 1,558 91,326.10 7 79 949.33 30,382 47,970 4,057,976.05	0 0 0 .00 17 385 216,282.70 0 0 0 .00 451 10,331 1,503,422.97 593 17,860 \$ 3,258,285.59 \$ 400 11,912 2,027,303.81 0 0 .00 195 5,948 1,230,981.78 340 10,204 \$ 509,920.94 \$ 0 0 .00 340 10,204 509,920.94 246 3,354 \$ 39,691.59 \$ 16 96 2,045.11 230 3,258 37,646.48 8,795 39,902 \$ 457,988.81 \$ 8,440 39,235 441,527.46 355 667 16,461.35 31,073 51,310 \$ 4,188,277.12 \$ 556 1,703 38,025.64 481 1,558 91,326.10 7 79 949.33 30,382 47,970 4,057,976.05	0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

105,675 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	15 , 648	631 , 693 \$	-,,	\$ 5.72	5.978 \$	230.75	\$ 34.17
DURABLE MED. EQUIP.	2,334	9,443	969,599.31	102.68	.089	415.42	9.18
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	315	620	64,420.83	103.90	.006	204.51	.61
MEDICAL TRANSPORTATION	2,608	74,710	590,729.94	7.91	.707	226.51	5.59
AMBULANCES/AIR TRANS	1,809	18 , 961	315,230.92	16.63	.179	174.26	2.98
OTHER TRANS	780	55 , 226	178,536.82	3.23	.523	228.89	1.69
OTHER SERVICES	199	523	96,962.20	185.40	.005	487.25	.92
ACUPUNCTURE	46	97	1,728.25	17.82	.001	37.57	.02
ADULT DAY HEALTH CARE CTR	404	4,758	331,126.87	69.59	.045	819.62	3.13
GENETIC DISEASE TESTING	21	21	2,205.00	105.00	.000	105.00	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	913	17,020	607,484.37	35.69	.161	665.37	5.75
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,481	6 , 135	64,455.00	10.51	.058	25.98	.61
PHYSICAL THERAPIST	444	4,362	60,960.44	13.98	.041	137.30	.58
PORTABLE X-RAY	38	85	2,450.72	28.83	.001	64.49	.02
PROSTHETIST/ORTHOTISTS	494	990	117,874.31	119.06	.009	238.61	1.12
PROSTHETICS	493	989	117,817.30	119.13	.009	238.98	1.11
ORTHOTICS	1	1	57.01	57.01	.000	57.01	.00
PSYCHOLOGIST	27	76	4,976.65	65.48	.001	184.32	.05
SPEECH AND AUDIOLOGY	292	1,220	54,692.34	44.83	.012	187.30	.52
HOSPICE SERVICES	47	1,392	183,175.25	131.59	.013	3897.35	1.73
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,084	31,534	189,084.65	6.00	.298	174.43	1.79
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	6,011	479 , 230	365,862.39	.76	4.535	60.87	3.46
@CALIF. CHILDREN SERVICES*	949	28 , 359	\$ 1,733,522.65	\$ 61.13	.268	\$ 1826.68 \$	16.40
@XOVER EXCLUDING STATE HOSP**	12,653	94,359	\$ 1,638,862.99	\$ 17.37	.893	\$ 129.52 \$	15.51

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,165
MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

811118111 0001111	DOINGING OF DELIC	VICED FOR FOREIGN					
					MOI	NTHLY AVERA	GE
93,787 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	52 , 742	273 , 561 \$	15,228,129.85	\$ 55.67	2.917	\$ 288.73	\$ 162.37
@PHYSICIANS SERVICES	12,763	37 , 663 \$	1,541,495.62	\$ 40.93	.402	\$ 120.78	\$ 16.44
OUTPATIENT VISITS	8 , 717	11,855	498,829.21	42.08	.126	57.22	5.32
OFFICE VISITS	3 , 609	4,210	151,483.31	35.98	.045	41.97	1.62
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5 , 137	5 , 942	307,933.18	51.82	.063	59.94	3.28
PREVENTIVE CARE	28	28	1,280.32	45.73	.000	45.73	.01
OB VISITS/COMPRE PERI	209	1,566	34,281.00	21.89	.017	164.02	.37
OTHER OUTPATIENT	104	109	3,851.40	35.33	.001	37.03	.04
INPATIENT VISITS	612	2,223	154,286.68	69.40	.024	252.10	1.65
HOSPITAL VISITS	575	1,756	87,440.33	49.80	.019	152.07	.93
CRITICAL CARE	91	433	65,230.21	150.65	.005	716.82	.70
SNF/ICF/TRANS IP CARE	4	34	1,616.14	47.53	.000	404.04	.02
OPHTHALMOLOGICAL SERVICES	139	154	6,905.79	44.84	.002	49.68	.07
EXAMINATIONS	138	153	6 , 885.79	45.01	.002	49.90	.07
SERVICES AND MATERIALS	1	1	20.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	492	4,676	239,775.56	51.28	.050	487.35	2.56
PRINCIPAL SURGEON	361	462	201,494.97	436.14	.005	558.16	2.15
ASSISTANT SURGEON	36	36	5,687.93	158.00	.000	158.00	.06
ANESTHESIOLOGIST	163	4,178	32,592.66	7.80	.045	199.95	.35

OUTPATIENT SURGERY	1,251	9,278		215,874.95		23.27	.099	172.56		2.30
PRINCIPAL SURGEON	1,082	1,303		181,302.65		139.14	.014	167.56		1.93
ASSISTANT SURGEON	14	14		1,601.65		114.40	.000	114.40		.02
ANESTHESIOLOGIST	251	7,961		32,970.65		4.14	.085	131.36		.35
DIALYSIS	3	. 10		690.48		69.05	.000	230.16		.01
PATHOLOGY	297	614		5,099.83		8.31	.007	17.17		.05
RADIOLOGY	3,838	6,195		295,123.71		47.64	.066	76.90		3.15
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	118	268		32,054.78		119.61	.003	271.65		.34
OTHER SERVICES/ALL X-OVERS	1,131	2,390		92,854.63		38.85	.025	82.10		.99
@PHARMACY	26,462	80,811	Ś	3,868,165.37	\$	47.87	.862		\$	41.24
PRESCRIPTION DRUGS	26,257	64,506	۲	3,804,644.55	۲	58.98	.688	144.90	Ψ	40.57
SNF/ICF	20 , 23 <i>i</i>	89		11,214.78		126.01	.001	659.69		.12
OUTPATIENTS	26,242	64,417		3,793,429.77		58.89	.687	144.56		40.45
MEDICAL SUPPLIES	752	16,305		63,520.82		3.90	.174	84.47		.68
@DENTIST	4,382	25,303	\$	763,398.56	\$	30.17	.270		ċ	8.14
	3,293	23,303 17,573	ş	234,781.26		13.36	.187	71.30	Ą	2.50
VISITS - DIAGNOSTIC	•									
ORAL SURGERY	714	1,653		108,444.50		65.60	.018	151.88		1.16
DRUGS	80	140		2,286.75		16.33	.001	28.58		.02
ANESTHESIA	106	108		10,700.00		99.07	.001	100.94		.11
PERIODONTICS	68	70		7,106.00		101.51	.001	104.50		.08
ENDODONTICS	412	697		98,161.30		140.83	.007	238.26		1.05
RESTORATIVE DENTISTRY	1,491	4,432		247,130.70		55.76	.047	165.75		2.64
PROSTHETICS	8	7		230.00		32.86	.000	28.75		.00
DENTURES, STAYPLATES	72	244		28,852.91		118.25	.003	400.73		.31
SPACE MAINTAINERS	61	77		8,939.00		116.09	.001	146.54		.10
MAXILLOFACIAL SERVICES	7	7		496.14		70.88	.000	70.88		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	172	230		15,670.00		68.13	.002	91.10		.17
ALL OTHER SERVICES	62	65		600.00		9.23	.001	9.68		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	RES I	MONTH-OF-PAYMENT I	REPOR	T FOR JAN 2	2004 THRU D	EC 2004	P	AGE 14,166
MOP024	FEE-FOR-SERVIC	E/DENTAL								03/14/05
SHASTA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASS	ISTANCE - FAMILIES	S					
							MOI	NTHLY AVERA	.GE	
93,787 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	1		PE	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	1,519	4,438	\$	98,142.28	\$	22.11	.047	\$ 64.61	\$	1.05
DIAGNOSTIC AND ANC. PROCED	1,066	1,131		47,626.19		42.11	.012	44.68		.51
EYE APPLIANCES	1,089	3,227		48,040.58		14.89	.034	44.11		.51
OTHER OPTOMETRIC SERVICES	70	80		2,475.51		30.94	.001	35.36		.03
@CHIROPRACTOR	770	1,188	Ś	19,788.12	\$	16.66	.013		Ś	.21
VISITS	770	1,188	-	19,788.12	7	16.66	.013	25.70	7	.21
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	4	4	Ś	114.90	Ś	28.73	.000		Ś	.00
MEDICINE/INJECTIONS	4	4	4	114.90	7	28.73	.000	28.73	4	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
NADIO./ FAIROLOGI	0	U		.00		.00	.000	.00		.00

0

2,100

87

2

104

42,143

2,880

514

.00

.00

75,824.05

774.84

186.79

2,689.03

5,100,145.57

4,029,356.65

752,758.08

.00

.00

36.11

8.91

93.40

25.86

121.02

1399.08

1464.51

.000

.022 \$

.001 \$

.000 \$

.000 \$

.001 \$

.449 \$

.031

.005

.00

286.13 \$

110.69 \$

186.79 \$

32.79 \$

557.58 \$

6237.39

12545.97

.00 \$

.00

.81

.01

.00

.00

.03

54.38

42.96

8.03

0

265

7

1

0

82

646

9,147

OTHER

@HOME HEALTH AGENCY

NURSE ANESTHESIST

HSC HOSPITALS

PEDIATRIC NURSE PRACTITIONER

FAMILY NURSE PRACTITIONER

HOSP INPATIENT TOTAL

NURSE MIDWIFE

@TOTAL HOSPITAL

NON-HSC HOSPITAL TOTAL 589 2,366 3,276,598.57 1384.87 .025 5562.99	34.94
ACCOMMODATIONS 589 2,366 1,203,647.87 508.73 .025 2043.54	12.83
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00	.00
ALL OTHER ACCOM 589 2,366 1,203,647.87 508.73 .025 2043.54	12.83
ANCILLARIES 587 0 2,072,950.70 .00 .000 3531.43	22.10
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00	.00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	.00
HOSP OUTPATIENT TOTAL 8,798 39,263 1,070,788.92 27.27 .419 121.71	11.42
MEDICAL 2,569 3,483 113,437.72 32.57 .037 44.16	1.21
SURGERY 1,026 1,247 46,547.15 37.33 .013 45.37	.50
PATHOLOGY 2,827 9,961 120,962.90 12.14 .106 42.79	1.29
RADIOLOGY 2,131 2,826 155,351.00 54.97 .030 72.90	1.66
ROOM USE 7,516 10,270 377,105.92 36.72 .110 50.17	4.02
CROSSOVERS/ALL OTH OUTPTNT 3,714 11,476 257,384.23 22.43 .122 69.30	2.74
@COUNTY HOSPITAL TOTAL 37 125 \$ 10,987.72 \$ 87.90 .001 \$ 296.97 \$.12
CO HOSPITAL INPATIENT TOTAL 2 6 7,860.00 1310.00 .000 3930.00	.08
HSC HOSPITALS 2 6 7,860.00 1310.00 .000 3930.00	.08
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00	.00
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00	.00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00	.00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00	.00
ANCILLARIES 0 0 0 .00 .00 .00 .00	.00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00	.00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	.00
CO HOSP OUTPATIENT TOTAL 35 119 3,127.72 26.28 .001 89.36	.03
MEDICAL 19 20 971.82 48.59 .000 51.15	.01
SURGERY 2 2 88.49 44.25 .000 44.25	.00
PATHOLOGY 11 36 384.65 10.68 .000 34.97	.00
RADIOLOGY 6 10 283.57 28.36 .000 47.26	.00
ROOM USE 21 33 1,200.60 36.38 .000 57.17	.01
CROSSOVERS/ALL OTH OUTPTNT 8 18 198.59 11.03 .000 24.82	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PA	GE 14,167
MOP024 FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES	
MONTHLY AVERAGE -	

93,787 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9,112	42,018 \$	5,089,157.85	\$ 121.12	.448	\$ 558.51	\$ 54.26
COMM HOSP INPATIENT TOTAL	645	2,874	4,021,496.65	1399.27	.031	6234.88	42.88
HSC HOSPITALS	58	508	744,898.08	1466.33	.005	12843.07	7.94
NON-HSC HOSPITALS TOTAL	589	2,366	3,276,598.57	1384.87	.025	5562.99	34.94
ACCOMMODATIONS	589	2,366	1,203,647.87	508.73	.025	2043.54	12.83
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	589	2,366	1,203,647.87	508.73	.025	2043.54	12.83
ANCILLARIES	587	0	2,072,950.70	.00	.000	3531.43	22.10
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8,764	39,144	1,067,661.20	27.28	.417	121.82	11.38
MEDICAL	2,551	3,463	112,465.90	32.48	.037	44.09	1.20
SURGERY	1,024	1,245	46,458.66	37.32	.013	45.37	.50
PATHOLOGY	2,816	9,925	120,578.25	12.15	.106	42.82	1.29
RADIOLOGY	2,125	2,816	155,067.43	55.07	.030	72.97	1.65
ROOM USE	7,496	10,237	375,905.32	36.72	.109	50.15	4.01

CROSSOVERS/ALL OTH OUTPINT		11,458		257,185.64		22.45	.122	69.40		2.74
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	•	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	5	82	\$	49,725.09	\$	606.40	.001	\$ 9945.02	\$.53
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	5	82		49,725.09		606.40	.001	9945.02		.53
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
TCF DDH	0	0		.00	·	.00	.000	.00		.00
TCF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000		Ś	.00
HOSPITAL BASED	0	0	-	.00	т.	.00	.000	.00	т.	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
GREHARII.TTATION FACTI.TTV	40	323	Ś	5,090.99	\$	15.76	.003		Ś	.05
HOSPITAL BASED	14	87	Y	1,908.89	Y	21.94	.001	136.35	Y	.02
ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY	26 3,706	236		3,182.10		13.48	.003	122.39		.03
GIARODATODY FACILIII	3 706	12,023	\$	168,119.53	\$	13.40	.128		Ċ	1.79
PATHOLOGY	3,706	12,023	Y	168,119.53	Y	13.98	.128	45.36	Y	1.79
XO AND OTHERS	3,700	12,023		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	20,756	30,130	\$	3,107,715.01	Ċ	103.14	.321		Ċ	33.14
		•	ې		ې	29.93	.031	80.84	Ą	.92
CLINIC	1,073 132	2 , 898 500		86,737.22		41.36		156.67		–
SURGICENTER				20,680.23			.005			.22
HEROIN DETOX CLINIC	1 19,752	2		29.20		14.60	.000	29.20		.00
		26,730		3,000,268.36		112.24	.285	151.90	_	31.99
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE		JRES I	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU D	EC 2004	Ρ	AGE 14,168 03/14/05
SHASTA COUNTY		•	7 700	ISTANCE - FAMILIES						03/14/03
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	, ASS	ISTANCE - FAMILIES			MO	NTHLY AVERA	GE	
93,787 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
·	5,435	OR DAYS OF CAR	RE		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	5,435	37,160	\$	426,754.10	\$	11.48	.396	\$ 78.52	\$	4.55
DURABLE MED. EQUIP.	263	626		37,880.04		60.51	.007	144.03		.40
BLOOD BANK	263	0		.00		.00	.000	.00		.00
		151		8,612.59		57.04	.002	107.66		.09
MEDICAL TRANSPORTATION	80 633 626	8,829		167,297.76		18.95	.094	264.29		1.78
AMBULANCES/AIR TRANS	626	8,107		115,758.70		14.28	.086	184.92		1.23
OTHER TRANS	7	682		2,383.41		3.49	.007	340.49		.03
OTHER SERVICES	40			49,155.65		1228.89	.000	1228.89		.52
ACUPUNCTURE	2	3		70.28		23.43	.000	35.14		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
	83	8.4		8,820.00		105.00	.001	106.27		.09
IHMC, MODEL-NF, NF, AIDS, MSSP	0.5	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	1	0		03 75		10.42	.000	93.75		.00
OPTICIAN	83 0 1 1,107 171	40 3 0 84 0 9 2,447		93.75 21,993.64		8.99	.026	19.87		.00
OLITCIWN	1,10/ 171	1,640		21,993.64		14.47	.026	138.74		.25
PHYSICAL THERAPIST	1 / 1	1,640 2		45.20		22.60	.017	45.20		.25
PORTABLE X-RAY	175	237					.000			.00
PROSTHETIST/ORTHOTISTS	175	237		22,535.96		95.09		128.78		
PROSTHETICS	1 / 4 1	236 1		22,417.24		94.99	.003	128.83		.24

1 6

101

ORTHOTICS

PSYCHOLOGIST

SPEECH AND AUDIOLOGY

1 26

369

118.72 1,766.55 19,813.18

118.72

67.94

53.69

118.72

294.43

196.17

.00

.02

.21

.000

.000

.004

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,785	10,784	107,424.48	9.96	.115	38.57	1.15
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	166	11,953	6,676.20	.56	.127	40.22	.07
@CALIF. CHILDREN SERVICES*	291	5 , 980	\$ 1,228,846.47	\$ 205.49	.064	\$ 4222.84	\$ 13.10
@XOVER EXCLUDING STATE HOSP**	7	14	\$ 183.67	\$ 13.12	.000	\$ 26.24	\$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,169
MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

SHASIA COUNTI	SOMMAN OF SER	VICES FOR TOBLIC ASS	DISTANCE TOTAL		MON	אמשניא אוויים	GE
218,167 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
ZIO, IO/ ELIGIBLES	OSERS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	162,651	2,585,377 \$	97,889,680.95	\$ 37.86	11.850 \$		
@PHYSICIANS SERVICES	41,631	157,858 \$.724 \$		
OUTPATIENT VISITS	19,334	26,631		44.83	.122	61.75	5.47
OFFICE VISITS	9 , 525	11,910		33.67	.055	42.10	1.84
HOME VISITS	4	12	438.40	36.53	.000	109.60	.00
EMERGENCY ROOM	10,150	12,561	738,537.93	58.80	.058	72.76	3.39
PREVENTIVE CARE	29	12 , 361 29	1,337.24	46.11	.000	46.11	.01
OB VISITS/COMPRE PERI	243	1,684	•	22.91		158.78	.18
OB VISITS/COMPRE PERI OTHER OUTPATIENT	400	435	13,941.38	32.05	.008	34.85	.18
			•				
INPATIENT VISITS	2,506	10,620	581,965.61	54.80	.049	232.23	2.67
HOSPITAL VISITS	2,140	8,803	392,025.59	44.53 131.71	.040	183.19	1.80
CRITICAL CARE	341	1,366	,		.006	527.61	.82
SNF/ICF/TRANS IP CARE	296	451	10,026.12	22.23	.002	33.87	.05
OPHTHALMOLOGICAL SERVICES	609	689	29,739.08	43.16	.003	48.83	.14
EXAMINATIONS	606	686	29,663.79	43.24	.003	48.95	.14
SERVICES AND MATERIALS	3	3	75.29	25.10	.000	25.10	
INPATIENT HOSPITAL SURGERY	1,370	19,385	681,442.86	35.15	.089	497.40	
PRINCIPAL SURGEON	987	1,453		375.81		553.25	2.50
ASSISTANT SURGEON	162	164	29,058.00	177.18	.001	179.37	.13
ANESTHESIOLOGIST	450	17,768	106,329.91	5.98	.081	236.29	.49
OUTPATIENT SURGERY	3,433	28,292	718,494.42	25.40	.130	209.29	3.29
PRINCIPAL SURGEON	3,027	3,951	02,,011,0	158.91	.018	207.41	2.88
ASSISTANT SURGEON	56	56	7,152.58	127.72	.000	127.72	.03
ANESTHESIOLOGIST	592	24,285	83,500.11	3.44	.111	141.05	.38
DIALYSIS	128	387	32,626.07	84.31	.002	254.89	
PATHOLOGY	1,254	2,455	21,086.74	8.59	.011	16.82	.10
RADIOLOGY	11,586	22,042	1,362,751.06	61.83		117.62	6.25
PSYCHIATRY	5	5	290.81	58.16	.000	58.16	.00
IMMUNIZATION AND INJECTION	936	4,194	454,024.75	108.26	.019	485.07	2.08
OTHER SERVICES/ALL X-OVERS	15,700	43 , 158	894 , 574.66	20.73	.198	56.98	4.10
@PHARMACY	115,139	1,158,876 \$, ,		5.312 \$		
PRESCRIPTION DRUGS	113,875	505 , 488	45,886,653.25	90.78	2.317	402.96	210.33
SNF/ICF	1,915	14,485	1,255,795.97	86.70	.066	655.77	5.76
OUTPATIENTS	112,154	491,003	44,630,857.28	90.90	2.251	397.94	204.57
MEDICAL SUPPLIES	9,108	653 , 388	1,174,670.98	1.80	2.995	128.97	5.38
@DENTIST	9,824	50,332 \$		\$ 35.26	.231 \$	180.65	\$ 8.13
VISITS - DIAGNOSTIC	6,852	33,189		12.55		60.77	1.91
ORAL SURGERY	1,597	4,249	251 , 582.75	59.21	.019	157.53	1.15

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PRIICO	1.50	005	4 201 75	15 00	0.01	00 60	0.0
DRUGS	150	285	4,301.75		.001	28.68	.02
ANESTHESIA	234	238	22,600.00		.001	96.58	.10
PERIODONTICS	391	412	41,362.00		.002	105.79	.19
ENDODONTICS	740	1,215	214,084.05		.006	289.30	.98
RESTORATIVE DENTISTRY	2,852	7,771	491,232.70		.036	172.24	2.25
PROSTHETICS	51	52	1,970.00		.000	38.63	.01
DENTURES, STAYPLATES	846	2,251	293,714.13		.010	347.18	1.35
SPACE MAINTAINERS	63	79	9,161.00		.000	145.41	.04
MAXILLOFACIAL SERVICES	16	22	3,981.32		.000	248.83	.02
FRACTURES, DISLOCATIONS	4	5	3,187.84		.000	796.96	.01
ORTHODONTIC SERVICES	211	285	20,415.00	71.63	.001	96.75	.09
ALL OTHER SERVICES	188	279	750.00		.001	3.99	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURE	S MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU DI	EC 2004	PAGE 14,170
MOP024	FEE-FOR-SERVICE	C/DENTAL					03/14/05
SHASTA COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC A	SSISTANCE - TOTAL				
					MOI	NTHLY AVERA	GE
218,167 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	4,918	14,198	\$ 316,662.93	\$ 22.30	.065	\$ 64.39	\$ 1.45
DIAGNOSTIC AND ANC. PROCED	2,514	2,650	111,044.29	41.90	.012	44.17	.51
EYE APPLIANCES	3 , 675	10,716	189,372.81	17.67	.049	51.53	.87
OTHER OPTOMETRIC SERVICES	496	832	16,245.83	19.53	.004	32.75	.07
@CHIROPRACTOR	2,188	3,421	\$ 56,440.45	\$ 16.50	.016	\$ 25.80	\$.26
VISITS	2,068	3,252	54,181.36	16.66	.015	26.20	.25
OTHER SERVICES	123	169	2,259.09	13.37	.001	18.37	.01
@PODIATRIST	209	265	\$ 4,996.90	\$ 18.86	.001	\$ 23.91	\$.02
MEDICINE/INJECTIONS	100	111	2,816.74	25.38	.001	28.17	.01
SURGERY/ANES.	2	3	743.59	247.86	.000	371.80	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00
OTHER	108	150	1,419.27	9.46	.001	13.14	.01
@HOME HEALTH AGENCY	942	28,365	\$ 977,047.95		.130	\$ 1037.21	\$ 4.48
NURSE ANESTHESIST	31	555	\$ 3,178.83	\$ 5.73	.003	102.54	\$.01
				· · · · · · · · · · · · · · · · · · ·		·	•

NURSE MIDWIFE	1	2	\$	186.79	\$	93.40	.000		\$.00
PEDIATRIC NURSE PRACTITIONER	0	2CR		24.00CF	R \$	12.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	283	400	\$		\$	24.06		\$ 34.00		.04
@TOTAL HOSPITAL	22,363	123,027	\$	21,115,591.30	\$	171.63	.564	\$ 944.22	\$	96.79
HOSP INPATIENT TOTAL	2,739	10,405		17,947,864.01		1724.93	.048	6552.71		82.27
HSC HOSPITALS	199	1,458		2,168,619.85		1487.39	.007	10897.59		9.94
NON-HSC HOSPITAL TOTAL	1,783	8,947		15,082,981.75		1487.39 1685.81	.041	8459.33		69.14
ACCOMMODATIONS	1,776	8,947		4,115,751.81		460.01 220.15	.041	2317.43		18.87
ADMINISTRATIVE DAYS	. 8	81		17,831.91		220.15	.000	2228.99		.08
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	1,770	8,866		4,097,919.90		462.21	.041	2315.21		18.78
ANCILLARIES	1,781	, 0		10,967,229.94		.00	.000	6157.91		50.27
INPATIENT CROSSOVERS	773	0		696,262.41		.00	.000	900.73		3.19
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL		112,622		3,167,727.29		28.13	.516	154.76		14.52
MEDICAL	6,350	9,985		351,562.94		35.21		55.36		1.61
SURGERY	2,233	2,646		98,495.79		37.22	.012	44.11		.45
PATHOLOGY	6,538	29,701		341,839.29		11.51	.136	52.28		1.57
RADIOLOGY	5,045	7,580		505,584.17		66.70		100.21		2.32
ROOM USE	13,901	19,593		729,930.63		37.25	.090	52.51		3.35
CROSSOVERS/ALL OTH OUTPTNT		43,117		1,140,314.47		26.45	.198	105.37		5.23
@COUNTY HOSPITAL TOTAL	140	499	\$	32,659.79	Ś		002	\$ 233.28	S	.15
CO HOSPITAL INPATIENT TOTAL		12	Τ.	17,182.03	т			2454.58	т	.08
HSC HOSPITALS	, 4	8		10,372.00		1431.84 1296.50	.000	2593.00		.05
NON-HSC HOSPITALS TOTAL	2	4		6,797.97		1699.49	.000	3398.99		.03
ACCOMMODATIONS	2	4		2,565.00		641.25	.000	1282.50		.01
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	Ô		.00		.00	.000	.00		.00
ALL OTHER ACCOM	2	4 0 0 4		2,565.00		641.25	.000	1282.50		.01
ANCILLARIES	2	0		4,232.97		.00	.000	2116.49		.02
INPATIENT CROSSOVERS	1	0		12.06		.00	.000	12.06		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	135	487		15 , 477.76		31.78	.002	114.65		.07
MEDICAL	70	101		5,226.87		51.75	.000	74.67		.02
SURGERY	6	8		570.28		71.29	.000	95.05		.00
PATHOLOGY	44	176		2,035.21		11.56	.001	46.25		.01
RADIOLOGY	25	41		2,488.89		60.70	.000	99.56		.01
ROOM USE	67	94		3,558.45		37.86		53.11		.02
CROSSOVERS/ALL OTH OUTPTNT		67		1,598.06		23.85	.000	45.66		.01
#CALIF DEPT OF HEALTH SERV			ES I	MONTH-OF-PAYMENT RE	EPOR				P.A	GE 14,171
MOP024	FEE-FOR-SERVICE									03/14/05
SHASTA COUNTY		ICES FOR PUBLIC .	ASS	ISTANCE - TOTAL						, , ,
							M	ONTHLY AVERA	GE -	
218,167 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ΑV	ERAGE COST		S COST PER		COST PER
		OR DAYS OF CARE					PER ELIG			LIGIBLE
@COMMUNITY HOSPITAL TOTAL	22,236	122,528	\$	21,082,931.51		172.07		\$ 948.14		96.64
COMM HOSP INPATIENT TOTAL	2,733	10,393		17,930,681.98		1725.27	.048	6560.81		82.19
HSC HOSPITALS	195	1,450		2,158,247.85		1488.45	.007	11067.94		9.89
NON-HSC HOSPITALS TOTAL	1,781	8,943		15,076,183.78		1685.81	.041	8465.01		69.10
ACCOMMODATIONS	1,774	8,943		4,113,186.81		459.93	.041	2318.59		18.85
ADMINISTRATIVE DAYS	, 8	81		17,831.91		220.15	.000	2228.99		.08
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	1,768	8,862		4,095,354.90		462.13	.041	2316.38		18.77
ANCILLARIES	1,779	0		10,962,996.97		.00	.000	6162.45		50.25
INPATIENT CROSSOVERS	772	0		696,250.35		.00	.000	901.88		3.19
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00

COMM HOSP OUTPATIENT TOTAL	20,343	112,135		3,152,249.53		28.11	.514		154.95		14.45
MEDICAL	6,284	9,884		346,336.07		35.04	.045		55.11		1.59
SURGERY	2,227	2.638		97,925,51		37.12	.012		43.97		.45
PATHOLOGY	6,495	29.525		339,804.08		11.51	.135		52.32		1.56
RADIOLOGY	5,021	7,539		503,095.28		66.73	.035		100.20		2.31
ROOM USE	13,840	19.499		726,372.18		37.25	.089		52.48		3.33
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL	10,787	43.050		3,152,249.53 346,336.07 97,925.51 339,804.08 503,095.28 726,372.18 1,138,716.41 .00		26.45	.197		55.11 43.97 52.32 100.20 52.48 105.56		5.22
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$	
MENTALLY ILL	0	0	·	.00	·	.00	.000		.00	·	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1,005	21,583	\$	3,247,304.28	\$	150.46	.099	\$	3231.15	\$	14.88
LEV A-INTERMEDIATE	86	2,208	·	198,713.63	·	90.00	.010		2310.62	·	.91
LEV B-REHAB MD	48	1,495		186,981.08		125.07	.007		3895.44		.86
LEV B-SUBACUTE FREESTANDING	5	82		49,725.09		606.40	.000		9945.02		.23
LEV B-SUBACUTE HSPTL BASED	17	385		216,282.70		561.77	.002		12722.51		.99
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	857	17.413		2,595,601.78		149.06	.080		3028.71		11.90
@INTERMEDIATE CARE FACILDD	647	19,540	\$	3,576,910.57	\$	183.06	.090		5528.46	\$	
ICF DDH	428	12.733	·	2,168,693.74	·	170.32	.058		5067.04	·	9.94
ICF DD	0	,		.00		.00	.000		.00		.00
CROOSOVERS/ALL OTH OUTPTNT (STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED (NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR (INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDM/DDCN (HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER (REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY PATHOLOGY XO AND OTHERS (ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER	221	6,807		1,408,216.83		206.88	.031		6372.02		6.45
@HEMODIALYSIS TOTAL	430	10,324	\$	565,213.06	\$	54.75	.047		1314.45	\$	
HOSPITAL BASED	0	. 0		.00		.00	.000		.00		
HEMODIALYSIS CENTER	430	10,324		565,213.06		54.75	.047		1314.45		2.59
@REHABILITATION FACILITY	300	3,931	\$	47,181.67	\$	12.00	.018		157.27		
HOSPITAL BASED	30	183		3,954.00		21.61	.001		131.80		.02
INDEPENDENT FACILITY	270	3,748		43,227.67		11.53	.001 .017		160.10		.20
@LABORATORY FACILITY	12,802	52,771	\$	638,645.87	\$	12.10	.242	Ś	49.89	\$	2.93
PATHOLOGY	12,270	51,742		615,870.44		11.90	.237		50.19		2.82
XO AND OTHERS	532	1,029		22,775.43		22.13	.005		42.81		.10
@ORGANIZED OUTPATIENT CLINIC	54,842	86,294	\$	7,522,806.65	\$	87.18	.396	\$	50.19 42.81 137.17	\$	34.48
CLINIC	1,634	4,609		125,187.32		27.16	.021		76.61		.57
SURGICENTER	720	2,258		139,964.51		61.99	.010		194.40		.64
HEROIN DETOX CLINIC	8	81		978.53		12.08	.000		122.32		.00
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	53,060	79 , 346		3,576,910.57 2,168,693.74 .00 1,408,216.83 565,213.06 .00 565,213.06 47,181.67 3,954.00 43,227.67 638,645.87 615,870.44 22,775.43 7,522,806.65 125,187.32 139,964.51 978.53 7,256,676.29		91.46	.364		136.76		33.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITU	RES I	MONTH-OF-PAYMENT RE	EPORI	FOR JAN	2004 THRU	DEC	2004	F	AGE 14,172
MOPU24	FEE-FOR-SERVIC	E/DENTAL VICES FOR PUBLIC									03/14/05
SHASTA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASS	ISTANCE - TOTAL							
									HLY AVERA		
218,167 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES							
		OR DAYS OF CAR	Œ		PER	R UNIT/DAY	Y PER ELIC	3	USER		ELIGIBLE
@ALL OTHER PROVIDERS	25 , 682	853 , 637	\$	5,000,988.04	\$	5.86	3.913	\$	194.73	\$	22.92
DURABLE MED. EQUIP.	2 , 852	10,667		1,139,881.79		106.86	.049		399.68		5.22
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	630	1,217		134,715.19		110.69	.006		213.83		.62
MEDICAL TRANSPORTATION	3 , 720	105,289		843,749.42		8.01	.483		226.81		3.87
AMBULANCES/AIR TRANS	2,490	27 , 552		439,076.85		15.94	.126		176.34		2.01
OTHER TRANS	1,195	76 , 605		249,919.76		3.26	.351		209.14		1.15
OTHER SERVICES	335	1,132		154,752.81		136.71	.005		461.95		.71
ACUPUNCTURE	60	132		2,339.19		17.72	.001		38.99		.01
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	639	7,692		535,302.43		69.59	.035		837.72		2.45

.05

.00

.49

.39

4.20

GENETIC DISEASE TESTING

PHYSICAL THERAPIST

OPTICIAN

IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST

104

1

621

1,821

4,050

105

9

23,957

9,667

6,052

11,025.00

916,030.33

106,019.57

85,277.32

93.75

105.00

38.24

10.42

10.97

14.09

.000

.110

.000

.044

.028

106.01

503.04

93.75

26.18

137.32

PROSTHETIST/ORTHOTISTS 690 1,269 143,134.69 112.79 .006 207.44 .66 PROSTHETICS 688 1,267 142,958.96 112.83 .006 207.79 .66 ORTHOTICS 2 2 175.73 87.87 .000 87.87 .00 PSYCHOLOGIST 36 111 7,256.61 65.37 .001 201.57 .03 SPEECH AND AUDIOLOGY 472 1,714 84,821.81 49.49 .008 179.71 .39 HOSPICE SERVICES 49 1,457 191,430.32 131.39 .007 3906.74 .88 NONINST BIRTHING CENTERS 0 0 0 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 3,878 43,202 301,235.58 6.97 .198 77.68 1.38 EPSDT SUPPLEMENTAL SERVICE 0 0 0 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 ALL OTHER PROVIDERS 8,910 641,000 496,167.61 .77 2.938 55.69 2.27 @CALIF. CHILDREN SERVICES* 1,273 34,840 \$ 2,983,226.05 \$ 85.63 .160 \$ 2343.46 \$ 13.67 @XOVER EXCLUDING STATE HOSP** 18,699 149,693 \$ 2,578,187.52 \$ 17.22 .686 \$ 137.88 \$ 11.82	PORTABLE X-RAY	43	97	2,507.43	25.85	.000		58.31	.01
ORTHOTICS 2 2 175.73 87.87 .000 87.87 .000 PSYCHOLOGIST 36 111 7,256.61 65.37 .001 201.57 .03 SPEECH AND AUDIOLOGY 472 1,714 84,821.81 49.49 .008 179.71 .39 HOSPICE SERVICES 49 1,457 191,430.32 131.39 .007 3906.74 .88 NONINST BIRTHING CENTERS 0 0 0 .00 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 3,878 43,202 301,235.58 6.97 .198 77.68 1.38 EPSDT SUPPLEMENTAL SERVICE 0 0 0 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS 8,910 641,000 496,167.61 .77 2.938 55.69 2.27 @CCALIF. CHILDREN SERVICES* 1,273 34,840 \$ 2,983,226.05 \$ 85.63 .160 \$ 2343.46 \$ 13.67	PROSTHETIST/ORTHOTISTS	690	1,269	143,134.69	112.79	.006		207.44	.66
PSYCHOLOGIST 36 111 7,256.61 65.37 .001 201.57 .03 SPEECH AND AUDIOLOGY 472 1,714 84,821.81 49.49 .008 179.71 .39 HOSPICE SERVICES 49 1,457 191,430.32 131.39 .007 3906.74 .88 NONINST BIRTHING CENTERS 0 0 .00 .	PROSTHETICS	688	1,267	142,958.96	112.83	.006		207.79	.66
SPEECH AND AUDIOLOGY 472 1,714 84,821.81 49.49 .008 179.71 .39 HOSPICE SERVICES 49 1,457 191,430.32 131.39 .007 3906.74 .88 NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 3,878 43,202 301,235.58 6.97 .198 77.68 1.38 EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS 8,910 641,000 496,167.61 .77 2.938 55.69 2.27 @CALIF. CHILDREN SERVICES* 1,273 34,840 \$ 2,983,226.05 \$ 85.63 .160 \$ 2343.46 \$ 13.67	ORTHOTICS	2	2	175.73	87.87	.000		87.87	.00
HOSPICE SERVICES 49 1,457 191,430.32 131.39 .007 3906.74 .88 NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 3,878 43,202 301,235.58 6.97 .198 77.68 1.38 EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS 8,910 641,000 496,167.61 .77 2.938 55.69 2.27 @CALIF. CHILDREN SERVICES* 1,273 34,840 \$ 2,983,226.05 \$ 85.63 .160 \$ 2343.46 \$ 13.67	PSYCHOLOGIST	36	111	7,256.61	65.37	.001		201.57	.03
NONINST BIRTHING CENTERS 0 0 .00	SPEECH AND AUDIOLOGY	472	1,714	84,821.81	49.49	.008		179.71	.39
LOCAL EDUCATION AGENCIES 3,878 43,202 301,235.58 6.97 .198 77.68 1.38 EPSDT SUPPLEMENTAL SERVICE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HOSPICE SERVICES	49	1,457	191,430.32	131.39	.007		3906.74	.88
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .	NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	LOCAL EDUCATION AGENCIES	3,878	43,202	301,235.58	6.97	.198		77.68	1.38
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS 8,910 641,000 496,167.61 .77 2.938 55.69 2.27 @CALIF. CHILDREN SERVICES* 1,273 34,840 \$ 2,983,226.05 \$ 85.63 .160 \$ 2343.46 \$ 13.67	EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS 8,910 641,000 496,167.61 .77 2.938 55.69 2.27 @CALIF. CHILDREN SERVICES* 1,273 34,840 \$ 2,983,226.05 \$ 85.63 .160 \$ 2343.46 \$ 13.67	RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
@CALIF. CHILDREN SERVICES* 1,273 34,840 \$ 2,983,226.05 \$ 85.63 .160 \$ 2343.46 \$ 13.67	PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
	ALL OTHER PROVIDERS	8,910	641,000	496,167.61	.77	2.938		55.69	2.27
@XOVER EXCLUDING STATE HOSP** 18,699 149,693 \$ 2,578,187.52 \$ 17.22 .686 \$ 137.88 \$ 11.82	@CALIF. CHILDREN SERVICES*	1,273	34,840	\$ 2,983,226.05	\$ 85.63	.160	\$ 2	2343.46	\$ 13.67
	@XOVER EXCLUDING STATE HOSP**	18,699	149,693	\$ 2,578,187.52	\$ 17.22	.686	\$	137.88	\$ 11.82

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,173 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SHASTA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

						M	TNC	HLY AVERA	GΕ	
8,608 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	3 (COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	7 , 934	111,234	\$ 3,715,476.28	\$	33.40	12.922	\$	468.30	\$	431.63
@PHYSICIANS SERVICES	1,429	4,406	\$ 84,678.81	\$	19.22	.512	\$	59.26	\$	9.84
OUTPATIENT VISITS	23	29	1,379.24		47.56	.003		59.97		.16
OFFICE VISITS	19	23	913.43		39.71	.003		48.08		.11
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	4	6	465.81		77.64	.001		116.45		.05
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0	.00		.00	.000		.00		.00
INPATIENT VISITS	3	10	535.30		53.53	.001		178.43		.06
HOSPITAL VISITS	1	5	231.30		46.26	.001		231.30		.03
CRITICAL CARE	2	5	304.00		60.80	.001		152.00		.04
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	8	11	483.45		43.95	.001		60.43		.06
EXAMINATIONS	8	11	483.45		43.95	.001		60.43		.06
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	3	25	3,505.46		140.22	.003		1168.49		.41
PRINCIPAL SURGEON	2	3	2,501.85		833.95	.000		1250.93		.29
ASSISTANT SURGEON	1	1	421.07		421.07			421.07		.05
ANESTHESIOLOGIST	1	21	582.54		27.74	.002		582.54		.07
OUTPATIENT SURGERY	8	135	5,088.51		37.69	.016		636.06		.59
PRINCIPAL SURGEON	7	8	4,497.30		562.16	.001		642.47		.52
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	5	127	591.21		4.66	.015		118.24		.07
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	2	8	119.62		14.95	.001		59.81		.01
RADIOLOGY	23	44	2,388.48		54.28	.005		103.85		.28
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1	8.20		8.20	.000		8.20		.00
OTHER SERVICES/ALL X-OVERS	1,381	4,143	71,170.55		17.18	.481		51.54		8.27
@PHARMACY	6,513	45 , 481	\$ 2,161,807.79	\$	47.53		\$	331.92	\$	251.14
PRESCRIPTION DRUGS	6,447	29,194	2,123,921.25		72.75	3.391		329.44		246.74

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF OUTPATIENTS	217 6 , 242	1,719 27,475		95,112.18 2,028,809.07		55.33 73.84	.200 3.192		438.30 325.03		11.05 235.69
MEDICAL SUPPLIES	432	16,287		37,886.54		2.33	1.892		87.70		4.40
@DENTIST	314	1,273	\$	56,324.90	\$	44.25	.148	\$	179.38	\$	6.54
VISITS - DIAGNOSTIC	210	788		9,662.40		12.26	.092		46.01		1.12
ORAL SURGERY	40	138		6,653.00		48.21	.016		166.33		.77
DRUGS	1	3		45.00		15.00	.000		45.00		.01
ANESTHESIA	3	3		300.00		100.00	.000		100.00		.03
PERIODONTICS	14	14		1,589.00		113.50	.002		113.50		.18
ENDODONTICS	6	7		1,595.00		227.86	.001		265.83		.19
RESTORATIVE DENTISTRY	59	146		10,124.00		69.34	.017		171.59		1.18
PROSTHETICS	4	6		180.00		30.00	.001		45.00		.02
DENTURES, STAYPLATES	74	158		26 , 176.50		165.67	.018		353.74		3.04
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	7	10		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND B	EXPENDITU	JRES MON	TH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	GE 14,174
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	R MN - N	IO SOC -	AGED AID	CODE	14 1H 1U	J 1X				

----- MONTHLY AVERAGE -----8,608 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE 12,217.13 \$ 20.85 .068 \$ 53.12 \$ 1.42 OR DAYS OF CARE @OPTOMETRIST 586 \$ 23 457 868.68 9.700.68

 868.68
 37.77
 .003
 43.43

 9,700.68
 21.23
 .053
 56.40

 1,647.77
 15.55
 .012
 29.42

 83.64
 \$ 13.94
 .001
 \$ 13.94
 \$

 37.77 43.43 DIAGNOSTIC AND ANC. PROCED 20 EYE APPLIANCES 172 1,647.77 106 OTHER OPTOMETRIC SERVICES @CHIROPRACTOR 2 4 31 \$ VISITS 16.72 12.55 OTHER SERVICES .01 8.88 \$ @PODIATRIST 0 0 0 MEDICINE/INJECTIONS .00 .00 .00 SURGERY/ANES. 0 31 0 \$ 0 \$ RADIO./PATHOLOGY .00 OTHER 22 8.88 .02 .00 \$.00 @HOME HEALTH AGENCY .000 \$.00 \$.00 .00 \$.00 .000 \$.00 \$ NURSE ANESTHESIST .00 \$.00 .000 \$.00 \$.00 NURSE MIDWIFE .00 ¥ 75.19 \$ 0 \$.00 PEDIATRIC NURSE PRACTITIONER .000 \$.00 \$.00 3 FAMILY NURSE PRACTITIONER 25.06 .000 \$ 25.06 \$ 183,405.07 \$ 121.46 146,630.03 16292.23 395 1,510 @TOTAL HOSPITAL 21.31 124 9 HOSP INPATIENT TOTAL 17.03 0 HSC HOSPITALS NON-HSC HOSPITAL TOTAL 5.01 ACCOMMODATIONS ADMINISTRATIVE DAYS 0 9 TRANSITIONAL IP CARE .00 9 0 0 0 1,501 ALL OTHER ACCOM .61 ANCILLARIES INPATIENT CROSSOVERS 12.02 ALL OTHER INPATIENT .00 279 HOSP OUTPATIENT TOTAL 19 10 MEDICAL .06 3 .05 SURGERY 3 .004 33.64 PATHOLOGY

RADIOLOGY	4	6		296.57	49.43	.001	74.14		.03
ROOM USE	12	23		846.35	36.80	.003	70.53		.10
CROSSOVERS/ALL OTH OUTPINT	270	1,418		34,394.85	24.26	.165	127.39		4.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES MOI	NTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DI	EC 2004	PA	AGE 14,175
MOP024	FEE-FOR-SERVICE/D	ENTAL							03/14/05
SHASTA COUNTY	SUMMARY OF SERVICE	ES FOR MN - NO	SOC -	- AGED AID	CODE 14 1H 1U	1X			
						MOI	NTHLY AVERA	GE -	
8,608 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	395	1,510	\$	183,405.07	\$ 121.46	.175	\$ 464.32	\$	21.31
COMM HOSP INPATIENT TOTAL	124	9		146,630.03	16292.23	.001	1182.50		17.03
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	3	9		43,145.42	4793.94	.001	14381.81		5.01
ACCOMMODATIONS	3	9		5,272.22	585.80	.001	1757.41		.61

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	9		5,272.22		585.80	.001		1757.41		.61
ANCILLARIES	3	0		37,873.20		.00	.000		12624.40		4.40
INPATIENT CROSSOVERS	121	0		103,484.61		.00	.000		855.24		12.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	279	1,501		36,775.04		24.50	.174		131.81		4.27
MEDICAL	10	19		525.44		27.65	.002		52.54		.06
SURGERY	3	3		409.03		136.34	.000		136.34		.05
PATHOLOGY	9	32		302.80		9.46	.004		33.64		.04
RADIOLOGY	4	6		296.57		49.43	.001		74.14		.03
ROOM USE	12	23		846.35		36.80	.001		70.53		.10
CROSSOVERS/ALL OTH OUTPTNT		1,418		34,394.85		24.26			127.39		4.00
	0	•	ċ	•	Ċ		.165	ċ		ċ	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
MENTALLY ILL	•	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	244	5 , 720	\$	831,383.06	\$	145.35	.664	\$	3407.31	\$	96.58
LEV A-INTERMEDIATE	9	244		21,847.11		89.54	.028		2427.46		2.54
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	235	5,476		809,535.95		147.83	.636		3444.83		94.04
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	9	10	\$	4,645.09	\$	464.51	.001	\$	516.12	\$.54
HOSPITAL BASED	0	0		.00		.00	.000		.00	·	.00
HEMODIALYSIS CENTER	9	10		4,645.09		464.51	.001		516.12		.54
@REHABILITATION FACILITY	1	6	\$	176.46	\$	29.41	.001	\$	176.46	\$.02
HOSPITAL BASED	1	6	т.	176.46	т.	29.41	.001	7	176.46	т	.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	95	238	\$	2,558.97	\$	10.75	.028	\$	26.94	\$.30
PATHOLOGY	36	125	т	1,651.89	т	13.22	.015	Τ.	45.89	т	.19
XO AND OTHERS	59	113		907.08		8.03	.013		15.37		.11
@ORGANIZED OUTPATIENT CLINIC	1,418	2,212	Ś	102,108.21	\$	46.16	.257	Ś	72.01	Ċ	11.86
CLINIC CLINIC	1,410	2,212	Y	.00	Y	.00	.000	Ÿ	.00	Y	.00
SURGICENTER	74	114		16,965.16		148.82	.013		229.26		1.97
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,354	2,098		85,143.05		40.58	.244		62.88		9.89
#CALIF DEPT OF HEALTH SERV	-		TDEC MO	OJ,143.UJ ONTH-OF-PAYMENT R				DEC		ъ.	AGE 14,176
MOP024	FEE-FOR-SERVICE	-	JRES M	JNIH-OF-PAIMENI R	(EPOR)	FOR JAN 2	2004 IHRU	DEC	2004	P	03/14/05
		ICES FOR MN - 1	TO 000	ACED AID	CODI	1 1 1 1 1 1 1 1 1	1 37				03/14/03
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR MIN - I	NO SOC	- AGED AID	CODE	E 14 1H 1U		TONTH	III 37 A 77EE A	CE	
0 600 ELICIDIES	HOEDO	IINITEC OF CEDIAT	~E	EVDENDIBLIDEC	77.7.7	EDACE COCE			HLY AVERA		COCH DED
8,608 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST					COST PER
	1 640	OR DAYS OF CAR		075 016 61		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,640	49,752	\$	275,816.61	\$	5.54	5.780	Ş	168.18	Ş	32.04
DURABLE MED. EQUIP.	67	308		25,613.31		83.16	.036		382.29		2.98
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	82	157		28,849.51		183.75	.018		351.82		3.35
MEDICAL TRANSPORTATION	168	5,280		22,890.04		4.34	.613		136.25		2.66
AMBULANCES/AIR TRANS	9	14		532.34		38.02	.002		59.15		.06
OTHER TRANS	152	5,164		22,062.85		4.27	.600		145.15		2.56
OTHER SERVICES	29	102		294.85		2.89	.012		10.17		.03
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	93	1,010	70 , 328.00	69.63	.117	756.22	8.17
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	239	1,536	76,414.42	49.75	.178	319.73	8.88
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	224	597	6,796.33	11.38	.069	30.34	.79
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	5	16	16.19	1.01	.002	3.24	.00
PROSTHETIST/ORTHOTISTS	19	40	756.63	18.92	.005	39.82	.09
PROSTHETICS	19	40	756.63	18.92	.005	39.82	.09
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	54	153	9,232.51	60.34	.018	170.97	1.07
HOSPICE SERVICES	1	3	340.86	113.62	.000	340.86	.04
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	888	40,652	34,578.81	.85	4.723	38.94	4.02
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2,385	12,634	\$ 354,150.76	\$ 28.03	1.468	\$ 148.49	\$ 41.14

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,177
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

MC							GE
59 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	61	5 , 130 \$	182,057.72	\$ 35.49	86.949	\$ 2984.55	\$ 3085.72
@PHYSICIANS SERVICES	13	35 \$	594.23	\$ 16.98	.593	\$ 45.71	\$ 10.07
OUTPATIENT VISITS	2	4	228.37	57.09	.068	114.19	3.87
OFFICE VISITS	2	2	114.30	57.15	.034	57.15	1.94
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.017	68.35	1.16
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.72	45.72	.017	45.72	.77
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	4	8		153.55		19.19	.136		38.39		2.60
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	8	23		212.31		9.23	.390		26.54		3.60
@PHARMACY	50	2,525	\$	43,084.56	\$	17.06	42.797	\$	861.69	\$	730.25
PRESCRIPTION DRUGS	48	466		42,205.31		90.57	7.898		879.28		715.34
SNF/ICF	20	284		19,101.99		67.26	4.814		955.10		323.76
OUTPATIENTS	28	182		23,103.32		126.94	3.085		825.12		391.58
MEDICAL SUPPLIES	16	2,059		879.25		.43	34.898		54.95		14.90
@DENTIST	3	7	\$	1,355.00	\$	193.57	.119	\$	451.67	\$	22.97
VISITS - DIAGNOSTIC	1	3		75.00		25.00	.051		75.00		1.27
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	6		1,280.00		213.33	.102		640.00		21.69
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	2CR		.00		.00	.034C	R	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	RES 1	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2004 THRU 1	DEC	2004	PΑ	AGE 14,178
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05

SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

			 			M	ONT	HLY AVERA	GE.	
59 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	12	1,795	\$ 53,226.51	\$	29.65	30.424	\$	4435.54	\$	902.14
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6	6	\$ 3,622.69	\$	603.78	.102	\$	603.78	\$	61.40
HOSP INPATIENT TOTAL	4	0	3,503.20		.00	.000		875.80		59.38
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00

SHASTA COUNTY

INPATIENT CROSSOVERS	4	0	3,503.20	.00	.000	875.80	59.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	6	119.49	19.92	.102	59.75	2.03
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	1	0					
PATHOLOGY	1	2	25.35	12.68	.034	25.35	.43
RADIOLOGY	1	1	14.41	14.41	.017	14.41	.24
ROOM USE	1	1	33.00	33.00	.017	33.00	.56
CROSSOVERS/ALL OTH OUTPINT	1	2	46.73	23.37	.034	46.73	.79
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0					.00
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	O	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00			
CROSSOVERS/ALL OTH OUTPTNT	U	•			.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITIES I	MUNITH = OF = PAYME: NIT RE	PORT FOR JAN	2004 THRU DE	(PAGE 14-1/9
			MONTH OF THIRDNE RE	I OIKI I OIK OIIIV	ZOOI IIII(O DE	0 2001	
MOP024	FEE-FOR-SERVICE/	DENTAL				0 2001	03/14/05
	FEE-FOR-SERVICE/			AID CODE	24		03/14/05
MOP024 SHASTA COUNTY	FEE-FOR-SERVICE/ SUMMARY OF SERVI	DENTAL					03/14/05
MOP024 SHASTA COUNTY	FEE-FOR-SERVICE/ SUMMARY OF SERVI	DENTAL	C - BLIND		24 MON	THLY AVERA	03/14/05
MOP024 SHASTA COUNTY	FEE-FOR-SERVICE/ SUMMARY OF SERVI	DENTAL CES FOR MN - NO SO	C - BLIND	AID CODE	24 MON UNITS/DAYS	THLY AVERA	03/14/05 GE COST PER
MOP024 SHASTA COUNTY	FEE-FOR-SERVICE/ SUMMARY OF SERVI	DENTAL CES FOR MN - NO SO UNITS OF SERVICE	C - BLIND	AID CODE	24 MON UNITS/DAYS	THLY AVERA COST PER USER	03/14/05 GE COST PER ELIGIBLE
MOP024 SHASTA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR MN - NO SOU UNITS OF SERVICE OR DAYS OF CARE	C - BLIND EXPENDITURES 3,622.69	AID CODE AVERAGE COST PER UNIT/DAY \$ 603.78	24 MON UNITS/DAYS PER ELIG .102 \$	THLY AVERA COST PER USER 603.78	03/14/05 GE COST PER ELIGIBLE \$ 61.40
MOP024 SHASTA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR MN - NO SOU UNITS OF SERVICE OR DAYS OF CARE	C - BLIND EXPENDITURES 3,622.69 3,503.20	AID CODE AVERAGE COST PER UNIT/DAY \$ 603.78 .00	24 MON UNITS/DAYS PER ELIG .102 \$.000	THLY AVERA COST PER USER 603.78 875.80	03/14/05 GE COST PER ELIGIBLE \$ 61.40 59.38
MOP024 SHASTA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR MN - NO SOU UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES 3,622.69 3,503.20 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 603.78 .00 .00	24 MON UNITS/DAYS PER ELIG .102 \$.000 .000	THLY AVERA COST PER USER 603.78 875.80	03/14/05 GE COST PER ELIGIBLE \$ 61.40 59.38 .00
MOP024 SHASTA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR MN - NO SOU UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES 3,622.69 3,503.20 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 603.78 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .102 \$.000 .000	THLY AVERA COST PER USER 603.78 875.80 .00	03/14/05 GE COST PER ELIGIBLE \$ 61.40 59.38 .00 .00
MOP024 SHASTA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR MN - NO SOU UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES 3,622.69 3,503.20 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 603.78 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .102 \$.000 .000 .000	THLY AVERA COST PER USER 603.78 875.80 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 61.40 59.38 .00 .00 .00
MOP024 SHASTA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR MN - NO SOU UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES 3,622.69 3,503.20 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 603.78 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .102 \$.000 .000 .000	THLY AVERA COST PER USER 603.78 875.80 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 61.40 59.38 .00 .00 .00 .00
MOP024 SHASTA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR MN - NO SOU UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES 3,622.69 3,503.20 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 603.78 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .102 \$.000 .000 .000 .000	THLY AVERA COST PER USER 603.78 875.80 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 61.40 59.38 .00 .00 .00 .00 .00
MOP024 SHASTA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR MN - NO SOU UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES 3,622.69 3,503.20 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 603.78 .00 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .102 \$.000 .000 .000 .000 .000	THLY AVERA COST PER USER 603.78 875.80 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 61.40 59.38 .00 .00 .00 .00 .00 .00
MOP024 SHASTA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR MN - NO SOU UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES 3,622.69 3,503.20 .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 603.78 .00 .00 .00 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .102 \$.000 .000 .000 .000 .000 .000	THLY AVERA COST PER USER 603.78 875.80 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 61.40 59.38 .00 .00 .00 .00 .00 .00
MOP024 SHASTA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR MN - NO SOU UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES 3,622.69 3,503.20 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 603.78 .00 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .102 \$.000 .000 .000 .000 .000	THLY AVERA COST PER USER 603.78 875.80 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 61.40 59.38 .00 .00 .00 .00 .00 .00
MOP024 SHASTA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR MN - NO SOU UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES 3,622.69 3,503.20 .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 603.78 .00 .00 .00 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .102 \$.000 .000 .000 .000 .000 .000	THLY AVERA COST PER USER 603.78 875.80 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 61.40 59.38 .00 .00 .00 .00 .00 .00
MOP024 SHASTA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR MN - NO SOU UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES 3,622.69 3,503.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 603.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	24 MON UNITS/DAYS PER ELIG .102 \$.000 .000 .000 .000 .000 .000 .000	THLY AVERA COST PER USER 603.78 875.80 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 61.40 59.38 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 SHASTA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR MN - NO SOU UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES 3,622.69 3,503.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 603.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .	24 MON UNITS/DAYS PER ELIG .102 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 603.78 875.80 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 61.40 59.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 SHASTA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE/SUMMARY OF SERVI USERS 6 4 0 0 0 0 0 0 0 4 0 2 0	DENTAL CES FOR MN - NO SOC UNITS OF SERVICE OR DAYS OF CARE 6 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 3,622.69 3,503.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 603.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	24 MON UNITS/DAYS PER ELIG .102 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 603.78 875.80 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 61.40 59.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 SHASTA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE/SUMMARY OF SERVI USERS 6 4 0 0 0 0 0 0 0 4 0 2 0 0 0	DENTAL CES FOR MN - NO SOC UNITS OF SERVICE OR DAYS OF CARE 6 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 3,622.69 3,503.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 603.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	24 MON UNITS/DAYS PER ELIG .102 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 603.78 875.80 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 61.40 59.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 SHASTA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVICE/SUMMARY OF SERVI USERS 6 4 0 0 0 0 0 0 0 4 0 2 0	DENTAL CES FOR MN - NO SOC UNITS OF SERVICE OR DAYS OF CARE 6 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 3,622.69 3,503.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 603.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	24 MON UNITS/DAYS PER ELIG .102 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 603.78 875.80 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 61.40 59.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 SHASTA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE/SUMMARY OF SERVI USERS 6 4 0 0 0 0 0 0 0 4 0 2 0 0 0	DENTAL CES FOR MN - NO SOC UNITS OF SERVICE OR DAYS OF CARE 6 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 3,622.69 3,503.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 603.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	24 MON UNITS/DAYS PER ELIG .102 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 603.78 875.80 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 61.40 59.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 SHASTA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE/SUMMARY OF SERVI USERS 6 4 0 0 0 0 0 0 0 0 2 0 2 0 0 1 1 1	DENTAL CES FOR MN - NO SOC UNITS OF SERVICE OR DAYS OF CARE 6 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 2 1 1	EXPENDITURES 3,622.69 3,503.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 603.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	24 MON UNITS/DAYS PER ELIG .102 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 603.78 875.80 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 61.40 59.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 SHASTA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE/SUMMARY OF SERVI USERS 6 4 0 0 0 0 0 0 0 0 2 0 2 0 0 1 1 1 1	DENTAL CES FOR MN - NO SOC UNITS OF SERVICE OR DAYS OF CARE 6 \$ 0 0 0 0 0 0 0 0 0 0 0 0 2 1 1 1	EXPENDITURES 3,622.69 3,503.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 603.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	24 MON UNITS/DAYS PER ELIG .102 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 603.78 875.80 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 61.40 59.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 SHASTA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE/SUMMARY OF SERVI USERS 6 4 0 0 0 0 0 0 0 0 2 0 0 1 1 1 1 1 0	DENTAL CES FOR MN - NO SOC UNITS OF SERVICE OR DAYS OF CARE 6 \$ 0 0 0 0 0 0 0 0 0 0 0 0 1 1 1 1 2 0 \$	EXPENDITURES 3,622.69 3,503.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 603.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .	24 MON UNITS/DAYS PER ELIG	THLY AVERA COST PER USER 603.78 875.80 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 61.40 59.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 SHASTA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE/SUMMARY OF SERVI USERS 6 4 0 0 0 0 0 0 0 4 0 2 0 0 1 1 1 1 1 0 0	DENTAL CES FOR MN - NO SOC UNITS OF SERVICE OR DAYS OF CARE 6 \$ 0 0 0 0 0 0 0 0 0 0 0 2 1 1 2 0 \$ 0 \$ 0	EXPENDITURES 3,622.69 3,503.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 603.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .	24 MON UNITS/DAYS PER ELIG .102 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 603.78 875.80 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 61.40 59.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 SHASTA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE/SUMMARY OF SERVI USERS 6 4 0 0 0 0 0 0 0 0 2 0 0 1 1 1 1 1 0	DENTAL CES FOR MN - NO SOC UNITS OF SERVICE OR DAYS OF CARE 6 \$ 0 0 0 0 0 0 0 0 0 0 0 2 1 1 1 2 0 \$ 0 0 0	EXPENDITURES 3,622.69 3,503.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 603.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .	24 MON UNITS/DAYS PER ELIG	THLY AVERA COST PER USER 603.78 875.80 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 61.40 59.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 SHASTA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE/SUMMARY OF SERVI USERS 6 4 0 0 0 0 0 0 0 4 0 2 0 0 1 1 1 1 1 0 0	DENTAL CES FOR MN - NO SOC UNITS OF SERVICE OR DAYS OF CARE 6 \$ 0 0 0 0 0 0 0 0 0 0 0 2 1 1 2 0 \$ 0 \$ 0	EXPENDITURES 3,622.69 3,503.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 603.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .	24 MON UNITS/DAYS PER ELIG .102 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 603.78 875.80 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 61.40 59.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 SHASTA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	FEE-FOR-SERVICE/SUMMARY OF SERVI USERS 6 4 0 0 0 0 0 0 0 4 0 2 0 0 1 1 1 1 1 0 0 0 0	DENTAL CES FOR MN - NO SOC UNITS OF SERVICE OR DAYS OF CARE 6 \$ 0 0 0 0 0 0 0 0 0 0 0 2 1 1 1 2 0 \$ 0 0 0	EXPENDITURES 3,622.69 3,503.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 603.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .	24 MON UNITS/DAYS PER ELIG .102 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 603.78 875.80 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 61.40 59.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	21	551		74,149.54		134.57	9.339		3530.93		1256.77
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	4	49	\$	321.33	\$	6.56	.831	\$	80.33	\$	5.45
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	4	49		321.33		6.56	.831		80.33		5.45
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	8	\$	619.33	\$	77.42	.136	\$	103.22	\$	10.50
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	8		619.33		77.42	.136		103.22		10.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		ES MO	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 14,180
MOP024	FEE-FOR-SERVICE/D	ENTAL									03/14/05
SHASTA COUNTY	SUMMARY OF SERVIC	ES FOR MN - NO	SOC	- BLIND		AID CODE					
									HLY AVERA	-	
59 ELIGIBLES		NITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	25	154	\$	5,084.53	\$	33.02	2.610	Ş	203.38	\$	86.18
DURABLE MED. EQUIP.	2	18		1,274.21		70.79	.305		637.11		21.60
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	1	1	1,546.56	15	46.56	.017	1546.	56	26.21	
MEDICAL TRANSPORTATION	7	88	380.12		4.32	1.492	54.	30	6.44	
AMBULANCES/AIR TRANS	1	40	.00		.00	.678		0 0	.00	
OTHER TRANS	6	47	368.26		7.84	.797	61.	38	6.24	
OTHER SERVICES	1	1	11.86		11.86	.017	11.	36	.20	
ACUPUNCTURE	0	0	.00		.00	.000		0 0	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000		0 0	.00	
GENETIC DISEASE TESTING	0	0	.00		.00	.000		0 0	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000		0 (.00	
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000		0 (.00	
OPTICIAN	0	0	.00		.00	.000		0 (.00	
PHYSICAL THERAPIST	0	0	.00		.00	.000		0 0	.00	
PORTABLE X-RAY	0	0	.00		.00	.000		0 (.00	
PROSTHETIST/ORTHOTISTS	1	3	1,187.21	3	95.74	.051	1187.	21	20.12	
PROSTHETICS	1	3	1,187.21	3	95.74	.051	1187.	21	20.12	
ORTHOTICS	0	0	.00		.00	.000		0 (.00	
PSYCHOLOGIST	0	0	.00		.00	.000		0 (.00	
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000		0 (.00	
HOSPICE SERVICES	0	0	.00		.00	.000		0 (.00	
NONINST BIRTHING CENTERS	0	0	.00		.00	.000		0 (.00	
LOCAL EDUCATION AGENCIES	1	1	10.40		10.40	.017	10.	10	.18	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000		0 (.00	
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000		0 (.00	
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000		0 (.00	
ALL OTHER PROVIDERS	17	43	686.03		15.95	.729	40.	35	11.63	
@CALIF. CHILDREN SERVICES*	13	131	\$ 4,997.45	\$	38.15	2.220		12 \$		
@XOVER EXCLUDING STATE HOSP**	27	68	\$ 12,829.51	\$ 1	88.67	1.153	\$ 475.	L7 \$	217.45	
00			 							

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,181
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	

----- MONTHLY AVERAGE -----7,808 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 7,985 155,105 6,448,297.43 41.57 19.865 \$ 807.55 \$ 825.86 1,990 13,491 303,081.91 \$ 22.47 1.728 \$ 152.30 \$ @PHYSICIANS SERVICES OUTPATIENT VISITS 504 732 32,384.92 44.24 .094 64.26 4.15 OFFICE VISITS 347 482 15,010.18 31.14 .062 43.26 0 0 .00 .000 .00 HOME VISITS .00 .00 233 EMERGENCY ROOM 180 16,806.94 72.13 .030 93.37 2.15 PREVENTIVE CARE 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 OB VISITS/COMPRE PERI 567.80 OTHER OUTPATIENT 17 17 33.40 .002 33.40 .07 INPATIENT VISITS 120 547 25,611.37 46.82 .070 213.43 113 497 20,979.10 42.21 185.66 HOSPITAL VISITS .064 17 CRITICAL CARE 45 4,499.85 100.00 .006 264.70 .58 SNF/ICF/TRANS IP CARE 3 5 132.42 26.48 44.14 .001 .02 OPHTHALMOLOGICAL SERVICES 25 979.82 39.19 .003 48.99 979.82 39.19 48.99 EXAMINATIONS 20 .003 .13 .00 0 0 .00 .00 SERVICES AND MATERIALS .000 .00 1,636 29,976.03 18.32 .210 576.46 INPATIENT HOSPITAL SURGERY 42 21,740.88 PRINCIPAL SURGEON 69 315.09 .009 517.64 2.78 5 1,370.81 342.70 ASSISTANT SURGEON .001 274.16 .18 ANESTHESIOLOGIST 1,563 6,864.34 4.39 .200 326.87

OUTPATIENT SURGERY	109	1,306		30,183.98	3	23.11	.167	276.92		3.87
PRINCIPAL SURGEON	92	115		25,575.17	7	222.39	.015	277.99		3.28
ASSISTANT SURGEON	2	2		390.17	7	195.09	.000	195.09		.05
ANESTHESIOLOGIST	24	1,189		4,218.64	Į	3.55	.152	175.78		.54
DIALYSIS	0	0		.00)	.00	.000	.00		.00
PATHOLOGY	77	183		1,839.04	ļ	10.05	.023	23.88		.24
RADIOLOGY	395	899		69,418.77	7	77.22	.115	175.74		8.89
PSYCHIATRY	0	0		.00)	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	32	515		20,046.56	5	38.93	.066	626.46		2.57
OTHER SERVICES/ALL X-OVERS	1,316	7,648		92,641.42	2	12.11	.980	70.40		11.86
@PHARMACY	6,176	53 , 613	\$	3,642,014.75	5 \$	67.93	6.866	\$ 589.70	\$	466.45
PRESCRIPTION DRUGS	6 , 088	31,522		3,583,042.76	5	113.67	4.037	588.54		458.89
SNF/ICF	55	440		33,697.36	5	76.58	.056	612.68		4.32
OUTPATIENTS	6,036	31,082		3,549,345.40)	114.19	3.981	588.03		454.58
MEDICAL SUPPLIES	611	22 , 091		58 , 971.99)	2.67	2.829	96.52		7.55
@DENTIST	372	1 , 757	\$	66,464.50)	37.83	.225	\$ 178.67	\$	8.51
VISITS - DIAGNOSTIC	242	1,083		13,189.50)	12.18	.139	54.50		1.69
ORAL SURGERY	75	218		11,401.00)	52.30	.028	152.01		1.46
DRUGS	3	6		90.00		15.00	.001	30.00		.01
ANESTHESIA	8	8		700.00		87.50	.001	87.50		.09
PERIODONTICS	15	16		1,559.00		97.44	.002	103.93		.20
ENDODONTICS	14	19		3,715.00		195.53	.002	265.36		.48
RESTORATIVE DENTISTRY	85	202		13,843.00		68.53	.026	162.86		1.77
PROSTHETICS	4	4		120.00)	30.00	.001	30.00		.02
DENTURES, STAYPLATES	66	165		21,847.00)	132.41	.021	331.02		2.80
SPACE MAINTAINERS	0	0		.00)	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	12	36		.00		.00	.005	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES M	MONTH-OF-PAYMENT	REPO	ORT FOR JAN	2004 THRU	DEC 2004	P	AGE 14,182
MOP024	FEE-FOR-SERVICE	E/DENTAL								03/14/05
SHASTA COUNTY	SUMMARY OF SERV	/ICES FOR MN - N	0 SOC	C - DISABLED 64	1 6G	6H 6U 6V 6X	8G			
								ONTHLY AVER	4GE	
7,808 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		AVERAGE COST				COST PER
		OR DAYS OF CAR	E			PER UNIT/DAY	-			ELIGIBLE
@OPTOMETRIST	224	646	\$	12,804.25		19.82	.083	•	\$	1.64
DIAGNOSTIC AND ANC. PROCED	79	86		3,393.90		39.46	.011	42.96		.43
	1	E 1 0		0 404 00		1 6 11	0.00	40 00		1 00

7,808 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CAR	C		PE	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	224	646	\$	12,804.25	\$	19.82	.083	\$	57.16	\$ 1.64
DIAGNOSTIC AND ANC. PROCED	79	86		3,393.90		39.46	.011		42.96	.43
EYE APPLIANCES	175	512		8,404.30		16.41	.066		48.02	1.08
OTHER OPTOMETRIC SERVICES	27	48		1,006.05		20.96	.006		37.26	.13
@CHIROPRACTOR	31	50	\$	768.45	\$	15.37	.006	\$	24.79	\$.10
VISITS	14	25		413.82		16.55	.003		29.56	.05
OTHER SERVICES	17	25		354.63		14.19	.003		20.86	.05
@PODIATRIST	15	25	\$	441.78	\$	17.67	.003	\$	29.45	\$.06
MEDICINE/INJECTIONS	5	9		258.80		28.76	.001		51.76	.03
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00
OTHER	10	16		182.98		11.44	.002		18.30	.02
@HOME HEALTH AGENCY	101	11,141	\$	311,048.58	\$	27.92	1.427	\$	3079.69	\$ 39.84
NURSE ANESTHESIST	1	22	\$	59.73	\$	2.72	.003	\$	59.73	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	4	5	\$	89.09	\$	17.82	.001	\$	22.27	\$.01
@TOTAL HOSPITAL	812	5 , 618	\$	1,092,441.55	\$	194.45	.720	\$	1345.37	\$ 139.91
HOSP INPATIENT TOTAL	173	404		842,584.19		2085.60	.052		4870.43	107.91
HSC HOSPITALS	13	76		114,692.00		1509.11	.010		8822.46	14.69

NON-HSC HOSPITAL TOTAL	79	328		656,449.26	2001.37	.042	8309.48		84.07
ACCOMMODATIONS	77	328		144,088.61	439.29	.042	1871.28		18.45
ADMINISTRATIVE DAYS	3	3		578.25	192.75	.000	192.75		.07
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	74	325		143,510.36	441.57	.042	1939.33		18.38
ANCILLARIES	79	0		512,360.65	.00	.000	6485.58		65.62
INPATIENT CROSSOVERS	83	0		71,442.93	.00	.000	860.76		9.15
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	680	5 , 214		249,857.36	47.92	.668	367.44		32.00
MEDICAL	170	391		36,913.00	94.41	.050	217.14		4.73
SURGERY	57	63		3,120.65	49.53	.008	54.75		.40
PATHOLOGY	191	1,108		12,283.10	11.09	.142	64.31		1.57
RADIOLOGY	150	286		19,193.28	67.11	.037	127.96		2.46
ROOM USE	253	353		14,067.44	39.85	.045	55.60		1.80
CROSSOVERS/ALL OTH OUTPINT	508	3,013		164,279.89	54.52	.386	323.39		21.04
@COUNTY HOSPITAL TOTAL	5	25	\$	20,377.42	\$ 815.10	.003	\$ 4075.48	\$	2.61
CO HOSPITAL INPATIENT TOTAL	2	15		20,280.00	1352.00	.002	10140.00		2.60
HSC HOSPITALS	2	15		20,280.00	1352.00	.002	10140.00		2.60
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	3	10		97.42	9.74	.001	32.47		.01
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	2		34.34	17.17	.000	34.34		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	2	8		63.08	7.89	.001	31.54		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITU	RES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU	DEC 2004	PA	GE 14,183
MOP024	FEE-FOR-SERVICE/DENT	'AL							03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES	FOR MN - NO	O SOC	- DISABLED 64 6	6G 6H 6U 6V 6X	8G			

011110 111 0001111	COLUMNIC OF CEL	12020 2011 1211 110 000	DIOINDEED 01	00 011 00 01 011	0.0		
					MON	THLY AVERA	GE
7,808 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	808	5 , 593 \$	1,072,064.13	\$ 191.68	.716 \$	1326.81	\$ 137.30
COMM HOSP INPATIENT TOTAL	171	389	822,304.19	2113.89	.050	4808.80	105.32
HSC HOSPITALS	11	61	94,412.00	1547.74	.008	8582.91	12.09
NON-HSC HOSPITALS TOTAL	79	328	656,449.26	2001.37	.042	8309.48	84.07
ACCOMMODATIONS	77	328	144,088.61	439.29	.042	1871.28	18.45
ADMINISTRATIVE DAYS	3	3	578.25	192.75	.000	192.75	.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	74	325	143,510.36	441.57	.042	1939.33	18.38
ANCILLARIES	79	0	512,360.65	.00	.000	6485.58	65.62
INPATIENT CROSSOVERS	83	0	71,442.93	.00	.000	860.76	9.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	678	5,204	249,759.94	47.99	.666	368.38	31.99
MEDICAL	170	391	36,913.00	94.41	.050	217.14	4.73
SURGERY	57	63	3,120.65	49.53	.008	54.75	.40
PATHOLOGY	190	1,106	12,248.76	11.07	.142	64.47	1.57
RADIOLOGY	150	286	19,193.28	67.11	.037	127.96	2.46
ROOM USE	253	353	14,067.44	39.85	.045	55.60	1.80

CROSSOVERS/ALL OTH OUTPTNT	506	3,005		164,216.81		54.65	.385		324.54		21.03
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	47	1,056	\$	199,394.69	\$	188.82	.135	\$	4242.44	\$	25.54
LEV A-INTERMEDIATE	1	7		626.78		89.54	.001		626.78		.08
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	3	60		33,189.00		553.15	.008		11063.00		4.25
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	44	989		165,578.91		167.42	.127		3763.16		21.21
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	59	107	\$	51,846.47	\$	484.55	.014	\$	878.75	\$	6.64
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	59	107		51,846.47		484.55	.014		878.75		6.64
@REHABILITATION FACILITY	18	433	\$	5,603.50	\$	12.94	.055	\$	311.31	\$.72
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	18	433		5,603.50		12.94	.055		311.31		.72
@LABORATORY FACILITY	396	1 , 589	\$	21,046.28	\$	13.24	.204	\$	53.15	\$	2.70
PATHOLOGY	346	1,472		16,608.49		11.28	.189		48.00		2.13
XO AND OTHERS	50	117		4,437.79		37.93	.015		88.76		.57
@ORGANIZED OUTPATIENT CLINIC	2,118	3,629	\$	239,765.61	\$	66.07	.465	\$	113.20	\$	30.71
CLINIC	18	71		1,354.28		19.07	.009		75.24		.17
SURGICENTER	45	108		9,774.89		90.51	.014		217.22		1.25
HEROIN DETOX CLINIC	1	11		148.08		13.46	.001		148.08		.02
RURAL HEALTH CLINIC	2,067	3,439		228,488.36		66.44	.440		110.54		29.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	MONTH-OF-PAYMENT F	REPOR	T FOR JAN	2004 THRU	DEC	2004	P.	AGE 14,184
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR MN - N	o soc	C - DISABLED 64	6G 6	H 6U 6V 6X	8G				
							M	TNO	HLY AVERA	.GE	
7,808 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CAR	RE		PE:	R UNIT/DAY	PER ELIG	;	USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,317	61 , 923	\$	501,426.29	\$	8.10	7.931	\$	380.73	\$	64.22
DURABLE MED. EQUIP.	114	452		53,231.41		117.77	.058		466.94		6.82
BLOOD BANK	0	0		.00		.00	.000		.00		.00

					MOI	NTHLY AVERAG	E
7,808 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,317	61 , 923 \$	501,426.29	\$ 8.10	7.931	\$ 380.73	\$ 64.22
DURABLE MED. EQUIP.	114	452	53,231.41	117.77	.058	466.94	6.82
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	30	60	5,313.72	88.56	.008	177.12	.68
MEDICAL TRANSPORTATION	171	21,724	79,845.58	3.68	2.782	466.93	10.23
AMBULANCES/AIR TRANS	86	1,735	23,691.08	13.65	.222	275.48	3.03
OTHER TRANS	76	19,882	47,251.83	2.38	2.546	621.73	6.05
OTHER SERVICES	20	107	8,902.67	83.20	.014	445.13	1.14
ACUPUNCTURE	4	10	164.90	16.49	.001	41.23	.02
ADULT DAY HEALTH CARE CTR	27	340	23,667.64	69.61	.044	876.58	3.03
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	85	8,494	247,138.85	29.10	1.088	2907.52	31.65
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	230	547	5,843.43	10.68	.070	25.41	.75
PHYSICAL THERAPIST	16	232	2,932.61	12.64	.030	183.29	.38
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	20	58	5,215.12	89.92	.007	260.76	.67
PROSTHETICS	20	58	5,215.12	89.92	.007	260.76	.67
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	34.61	34.61	.000	34.61	.00
SPEECH AND AUDIOLOGY	26	44	4,844.17	110.09	.006	186.31	.62

HOSPICE SERVICES	10	208		27,329.56	131.39	.027	2732.96	3.50
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	36	1,823		12,561.32	6.89	.233	348.93	1.61
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	688	27 , 930		33,303.37	1.19	3.577	48.41	4.27
@CALIF. CHILDREN SERVICES*	42	560	\$	33,171.17	\$ 59.23	.072	\$ 789.79	\$ 4.25
@XOVER EXCLUDING STATE HOSP**	1,891	17,467	\$	318,730.56	\$ 18.25	2.237	\$ 168.55	\$ 40.82
A* TOTALS IN THESE LINES ARE CIVE	N AS A SEDARAT	F INFORMATION	TTEM ONT	.v •				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,185 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SHASTA COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

						MON	ITHLY AVERA	GE
145,649 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	77,312	419,369	\$	24,884,236.54	\$ 59.34	2.879	321.87	\$ 170.85
@PHYSICIANS SERVICES	19 , 998	69 , 805	\$	2,796,780.27	\$ 40.07	.479	139.85	\$ 19.20
OUTPATIENT VISITS	12,381	18,421		734,595.07	39.88	.126	59.33	5.04
OFFICE VISITS	5,844	7,003		237,022.90	33.85	.048	40.56	1.63
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	6 , 377	7,311		395,108.59	54.04	.050	61.96	2.71
PREVENTIVE CARE	35	34		1,356.73	39.90	.000	38.76	.01
OB VISITS/COMPRE PERI	582	3 , 967		97,810.98	24.66	.027	168.06	.67
OTHER OUTPATIENT	99	106		3,295.87	31.09	.001	33.29	.02
INPATIENT VISITS	1,070	4,048		300,617.60	74.26	.028	280.95	2.06
HOSPITAL VISITS	995	2,951		139,685.60	47.34	.020	140.39	.96
CRITICAL CARE	179	1,094		160,804.90	146.99	.008	898.35	1.10
SNF/ICF/TRANS IP CARE	2	3		127.10	42.37	.000	63.55	.00
OPHTHALMOLOGICAL SERVICES	268	281		12,375.13	44.04	.002	46.18	.08

EXAMINATIONS	268	281		12,375.13	4	4.04	.002		46.18		.08
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY		9,073		477,267.37	5	2.60	.062		478.22		3.28
PRINCIPAL SURGEON	710	990		396,367.29	40	0.37	.007		558.26		2.72
ASSISTANT SURGEON	91	93		15,039.21	16	1.71	.001		165.27		.10
ANESTHESIOLOGIST	91 329	7,990		65,860.87		8.24	. 0.5.5		200.19		.45
OUTPATIENT SURGERY	329 2,032 1.745	19,608		388,018.93	1	9.79	.135		190.95		2.66
PRINCIPAL SURGEON		2,171		328,802.21	15	1.45	.015		188.43		2.26
ASSISTANT SURGEON	38	38		3,627.03	9	5.45	.000		95.45		.02
ANESTHESIOLOGIST	398	17,399		55,589.69		3.19	.119		139.67		.38
ANESTHESIOLOGIST DIALYSIS PATHOLOGY	19	65		6,064.78	9	3.30	.000		319.20		.04
PATHOLOGY	740 6 , 875	1,377		14,854.27		0.79	.009		20.07		.10
RADIOLOGY	6,875	11,138		646,514.13	5	8.05	.076		94.04		4.44
PSYCHIATRY	2	2		146.58	7	3 29	.000		73 29		.00
IMMUNIZATION AND INJECTION	283	379		34,282.91	9	0.46	.003		121.14		.24
OTHER SERVICES/ALL X-OVERS		5,413		182,043.50	3	3.63	.037		80.44		1.25
@PHARMACY	39 , 775	123,312	\$	6,309,663.91	\$ 5	1.17	.847	\$	158.63	\$	43.32
PRESCRIPTION DRUGS	39,489	101,887		6,202,927.62	. 6	0.88	.700		157.08		42.59
SNF/ICF	9	25		2,361.27	6 9	4.45	.000		262.36		.02
OUTPATIENTS	39,484	101,862				0.87					42.57
MEDICAL SUPPLIES	1,246	21,425		106,736.29					85.66		.73
@DENTIST	6 291	33 779		1,108,728.01	\$ 3	4.98 2.82	.232	\$	176.24	\$	7.61
VISITS - DIAGNOSTIC	4,671	23,008		309,199.87	1	3.44	.158		66.20		2.12
	1,041	2,496		168,260.94	6	7.41	.017				1.16
DRUGS	90	176		2,385.00	1	3.55	.001		26.50		.02
ANESTHESIA	155	155		14,900.00	9	6 13	001		96.13		.10
PERIODONTICS	203	204		21,996.00	10	7.82	.001		108.35		.15
ENDODONTICS		891		164,054.75	18	4.12	.006		290.88		1.13
RESTORATIVE DENTISTRY	564 2,072 17	5 , 755		336,220.45	5	8.42	.040		162.27		2.31
PROSTHETICS	17	. 18		520.00	2.	8.89	.000		30.59		.00
DENTURES, STAYPLATES	163	503		54,126.30	10	7.61	.003		332.06		.37
SPACE MAINTAINERS	43	55		6,211.00	11	2.93	.000		144.44		
MAXILLOFACIAL SERVICES	15	18		4,978.70	27	6.59	.000		331.91		.03
FRACTURES, DISLOCATIONS	4	4		4,700.00	27 117	5.00	.000		1175.00		.03
ORTHODONTIC SERVICES	216	261		20,275.00	7	7.68	.002		93.87		.14
ALL OTHER SERVICES	115	235		900.00		3.83	.002		7.83		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	JRES 1	MONTH-OF-PAYMENT I	REPORT FO	R JAN	2004 THRU	DEC	2004	PF	AGE 14,186
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
SHASTA COUNTY	SUMMARY OF SERV	VICES FOR MN-NOS	SOC-FA	AM 34 39 3N 3T 3V	54 59 5J	5W-5Y	6J 7J 7K				
							M	ONT	HLY AVERA	GE -	
145,649 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAG	E COST	UNITS/DAY				COST PER
·		OR DAYS OF CAR			PER UN	IT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2.205	6-402		145.547 84							

COST PER	COST PER
TTOED	
USER	ELIGIBLE
66.01 \$	1.00
44.82	.50
44.87	.47
33.92	.03
26.10 \$	30
26.10	.30
33.44	.00
53.49 \$.00
44.22	.00
.00	.00
24.22	.00
140.57	.00
198.95 \$	\$.64
129.27 \$	\$.01
	44.82 44.87 33.92 26.10 26.10 33.44 53.49 44.22 .00 24.22 140.57 198.95

NURSE MIDWIFE	4	5 \$	1,762.92	\$ 352.58	.000 \$		
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		
FAMILY NURSE PRACTITIONER	211	299 \$ 70,156 \$	6,962.30	\$ 23.29 \$ 130.05	.002 \$		
@TOTAL HOSPITAL	211 13 , 814	70,156 \$		\$ 130.05	.482 \$		
	1,196	5 , 525	7,357,534.52	1331.68 1396.29	.038		50.52
HSC HOSPITALS	./8	590	823 , 809.44	1396.29	.004	10561.66	5.66
NON-HSC HOSPITAL TOTAL	1,106	4,935	6,490,950.61		.034	5868.85	44.57
ACCOMMODATIONS	1,104	4,935	2,313,393.08	468.77	.034	2095.46	15.88
ADMINISTRATIVE DAYS	3	54	12,258.90	227.02	.000	4086.30	.08
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	1,102	4,935 54 0 4,881	2,301,134.18	471.45	.034	2088.14	15.80
ANGTITADIDO	1,106	0 0 0 0 64,631 6,018	4,177,557.53	.00 .00 .00 .00 27.32 33.12	.000	3777.18	28.68
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	16	0	42,774.47	.00	.000	2673.40	.29
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	13,109	64,631	1,765,916.55	27.32	.444	134.71 46.98	12.12
	4,243	6,018	199,328.03	33.12	.041	46.98	1.37
SURGERY	1,490 4,633	1,/60	65,895.02	37.44	.012	44.22	.45
PATHOLOGY	4,633	17,063	213,577.36	37.44 12.52 61.50	.117	44.22 46.10 83.64	1.47
RADIOLOGY	3,370	4,583	281,866.08	61.50	.031	83.64	1.94
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	10,778	14,945 20,262	538,369.47	36.02 23.04	.103	49.95	3.70
CROSSOVERS/ALL OTH OUTPINT	5 , 780	20,262	466,880.59	23.04	.139	80.78	3.21
@COUNTY HOSPITAL TOTAL	51	222 6	17,050.90 11,154.02 11,154.02	\$ 76.46	.002 \$	334.33	\$.12
CO HOSPITAL INPATIENT TOTAL	2	9	11,154.02	1239.34	.000	5577.01	.08
HSC HOSPITALS	2	9	11,154.02	1239.34	.000	5577.01	.08
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0	223 \$ 9 9 0 0 0 0 0 0 214	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00
CO HOSP OUTPATIENT TOTAL	50	214	5,896.88	.00 27.56	.001	.00 117.94	.04
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	24	33 6 80	1,738.88	52.69 37.26 12.42	.000	72.45	.01
SURGERY	5	6	223.57	37.26	.000	72.45 44.71	.00
PATHOLOGY	14	80	993.71	12.42	.001	70.98	.01
RADIOLOGY	8	11	494.36	44.94	.000	61.80	.00
ROOM USE	36	49	2,052.09		.000	57.00	.01
CROSSOVERS/ALL OTH OUTPTNT		35	394.27	11.26	.000	28.16	.00
#CALIF DEPT OF HEALTH SERV							
MOP024	FEE-FOR-SERVICE						03/14/05
SHASTA COUNTY		VICES FOR MN-NOSOC-1	FAM 34 39 3N 3T 3V	54 59 5J 5W-5Y	6J 7J 7K		, ,
						THLY AVERA	GE
145,649 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	
@COMMUNITY HOSPITAL TOTAL	13,768	69,933 \$	9,106,400.17	\$ 130.22		661.42	
COMM HOSP INPATIENT TOTAL	1,194	5,516	7,346,380.50	1331.83		6152.75	
HSC HOSPITALS	76	581	812,655.42	1398.72	.004	10692.83	5.58
NON-HSC HOSPITALS TOTAL	1,106	4,935	6,490,950.61	1315.29	.034	5868.85	44.57
ACCOMMODATIONS	1,104	4,935	2,313,393.08	468.77	.034	2095.46	15.88
ADMINISTRATIVE DAYS	3	54	12,258.90	227.02	.000	4086.30	.08
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,102	4,881	2,301,134.18	471.45	.034	2088.14	15.80
ANCILLARIES	1,106	9,001	4,177,557.53	.00	.000	3777.18	28.68
INPATIENT CROSSOVERS	16	0	42,774.47	.00	.000	2673.40	.29
ALL OTHER INPATTENT	0	0	42,774.47	.00	000	2073.40	00

0

.000

.00

.00

.00

.00

ALL OTHER INPATIENT

0

COMM HOOD OURDANDED TOTAL	12 064	C4 417		1 760 010 67		07 20	4.40		104 70		10 00
COMM HOSP OUTPATIENT TOTAL	13,064	64,417 5,985		1,760,019.67		27.32 33.01	.442		134.72 46.82		12.08
MEDICAL	4,220			197,589.15							1.36
SURGERY	1,485	1,754		65,671.45		37.44	.012		44.22		.45
PATHOLOGY	4,619	16,983		212,583.65		12.52	.117		46.02		1.46
RADIOLOGY	3,362	4,572		281,371.72		61.54			83.69		1.93
ROOM USE	10,745	14,896		536,317.38			.102		49.91		3.68
CROSSOVERS/ALL OTH OUTPTNT		20 , 227		466,486.32			.139		80.90		3.20
@STATE HOSPITAL	0	0	\$.00	\$.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	5	44	\$	20,402.08	\$			\$		\$.14
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	1	31		17,971.31		579.72	.000		17971.31		.12
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	4	13		2,430.77		186.98	.000		607.69		.02
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	18	978	\$	45,894.85	\$	46.93	.007	\$	2549.71	\$.32
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	18	978		45,894.85		46.93	.007		2549.71		.32
@REHABILITATION FACILITY	35	372	\$	5,420.87	\$	14.57	.003	\$	154.88	\$.04
HOSPITAL BASED	12	71		1,726.40		24.32	.000		143.87		.01
INDEPENDENT FACILITY	23	301		3,694.47		12.27	.002		160.63		.03
@LABORATORY FACILITY	6,417	22,445	\$	321,813.02	\$	14.34	.154	\$	50.15	\$	2.21
PATHOLOGY	6,402	22,414		318,252.46		14.20	.154	·	49.71	·	2.19
XO AND OTHERS	15	, 31		3,560.56		114.86	.000		237.37		.02
@ORGANIZED OUTPATIENT CLINIC	28,236	43,436	\$	4,333,301.96	Ś	99.76	.298	Ś		Ś	29.75
CLINIC	1,841	5,478	•	177,686.56		32.44			96.52	'	1.22
SURGICENTER	224	902		45,820.30		50.80	.006		204.55		.31
HEROIN DETOX CLINIC	2	26		324.60		12.48	.000		162.30		.00
RURAL HEALTH CLINIC	26,474	37,030		4,109,470.50		110.98	.254		155.23		28.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES MO		EPORT			DEC		PΖ	GE 14,188
MOP024	FEE-FOR-SERVICE/DEN		1.20 110	01 11111111111111111		2010 01111	2001 111110	210			03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES		OC-FAM	34 39 3N 3T 3W	54 50) 5.T 5W-5	7 6.T 7.T 7K				00/11/00
D11110111 0001V11	DOLLARICE OF DERIVICES	, 1 O1/ 111/ 1/OD	00 1711	51 55 5W 51 5V	01 01	, 50 511 51				~ =	

					MON	ITHLY AVERA	GE
145,649 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6 , 697	44,073 \$	524,613.06	\$ 11.90	.303 \$	78.34	\$ 3.60
DURABLE MED. EQUIP.	300	643	40,143.58	62.43	.004	133.81	.28
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	70	138	8,583.00	62.20	.001	122.61	.06
MEDICAL TRANSPORTATION	737	11,294	224,328.86	19.86	.078	304.38	1.54
AMBULANCES/AIR TRANS	715	9,761	149,523.77	15.32	.067	209.12	1.03
OTHER TRANS	16	1,459	6,433.38	4.41	.010	402.09	.04
OTHER SERVICES	55	74	68 , 371.71	923.94	.001	1243.12	.47
ACUPUNCTURE	12	18	373.43	20.75	.000	31.12	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	246	246	25,758.00	104.71	.002	104.71	.18
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	3	14	193.35	13.81	.000	64.45	.00
OPTICIAN	1,726	3 , 939	40,702.01	10.33	.027	23.58	.28
PHYSICAL THERAPIST	301	3,317	46,816.92	14.11	.023	155.54	.32

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	245	328	23,424.01	71.41	.002	95.61	.16
PROSTHETICS	242	325	23,327.12	71.78	.002	96.39	.16
ORTHOTICS	3	3	96.89	32.30	.000	32.30	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	93	285	16,142.87	56.64	.002	173.58	.11
HOSPICE SERVICES	2	17	2,260.83	132.99	.000	1130.42	.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,806	8,884	84,719.93	9.54	.061	30.19	.58
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	305	14,950	11,166.27	.75	.103	36.61	.08
@CALIF. CHILDREN SERVICES*	352	5 , 455	\$ 1,321,847.54	\$ 242.32	.037	\$ 3755.25	\$ 9.08
@XOVER EXCLUDING STATE HOSP**	292	1,576	\$ 67 , 149.54	\$ 42.61	.011	\$ 229.96	\$.46

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,189
MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

SHASTA COUNTY	SUMMARY OF SER	VICES FOR MN - NO	SOC	- TOTAL						
						MOI			GΕ	
162,124 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		UNITS/DAYS	(COST PER		COST PER
		OR DAYS OF CARE				PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	93,292	•	\$	35,230,067.97	\$ 51.00	4.261		377.63	\$	
@PHYSICIANS SERVICES	23,430	. ,	\$	3,185,135.22	\$.541	\$	135.94	\$	19.65
OUTPATIENT VISITS	12,910	19 , 186		768 , 587.60	40.06	.118		59.53		4.74
OFFICE VISITS	6,212	7,510		253,060.81	33.70	.046		40.74		1.56
HOME VISITS	0	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	6 , 562	7,551		412,449.69	54.62	.047		62.85		2.54
PREVENTIVE CARE	35	34		1,356.73	39.90	.000		38.76		.01
OB VISITS/COMPRE PERI	582	3,967		97,810.98	24.66	.024		168.06		.60
OTHER OUTPATIENT	117	124		3,909.39	31.53	.001		33.41		.02
INPATIENT VISITS	1,193	4,605		326,764.27	70.96	.028		273.90		2.02
HOSPITAL VISITS	1,109	3,453		160,896.00	46.60	.021		145.08		.99
CRITICAL CARE	198	1,144		165,608.75	144.76	.007		836.41		1.02
SNF/ICF/TRANS IP CARE	5	8		259.52	32.44	.000		51.90		.00
OPHTHALMOLOGICAL SERVICES	296	317		13,838.40	43.65	.002		46.75		.09
EXAMINATIONS	296	317		13,838.40	43.65	.002		46.75		.09
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1,053	10,734		510,748.86	47.58	.066		485.04		3.15
PRINCIPAL SURGEON	754	1,062		420,610.02	396.05	.007		557.84		2.59
ASSISTANT SURGEON	97	98		16,831.09	171.75	.001		173.52		.10
ANESTHESIOLOGIST	351	9,574		73,307.75	7.66	.059		208.85		.45
OUTPATIENT SURGERY	2,149	21,049		423,291.42	20.11	.130		196.97		2.61
PRINCIPAL SURGEON	1,844	2,294		358,874.68	156.44	.014		194.62		2.21
ASSISTANT SURGEON	40	40		4,017.20	100.43	.000		100.43		.02
ANESTHESIOLOGIST	427	18,715		60,399.54	3.23	.115		141.45		.37
DIALYSIS	19	65		6,064.78	93.30	.000		319.20		.04
PATHOLOGY	819	1,568		16,812.93	10.72	.010		20.53		.10
RADIOLOGY	7,297	12,089		718,474.93	59.43	.075		98.46		4.43
PSYCHIATRY	2	2		146.58	73.29	.000		73.29		.00
IMMUNIZATION AND INJECTION	316	895		54,337.67	60.71	.006		171.95		.34
OTHER SERVICES/ALL X-OVERS	4,968	17,227		346,067.78	20.09	.106		69.66		2.13
@PHARMACY	52,514	224,931	\$	12,156,571.01	\$ 54.05	1.387	\$	231.49	\$	74.98
PRESCRIPTION DRUGS	52 , 072	163,069		11,952,096.94		1.006		229.53		73.72

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	301	2,468	150,272.80	60.89	.015	499.25	.93
OUTPATIENTS	51,790	160,601	11,801,824.14	73.49	.991	227.88	72.80
MEDICAL SUPPLIES	2,305	61,862	204,474.07	3.31	.382	88.71	1.26
@DENTIST	6,980	36,816 \$	1,232,872.41	\$ 33.49	.227 \$	176.63	\$ 7.60
VISITS - DIAGNOSTIC	5,124	24,882	332,126.77	13.35	.153	64.82	2.05
ORAL SURGERY	1,156	2,852	186,314.94	65.33	.018	161.17	1.15
DRUGS	94	185	2,520.00	13.62	.001	26.81	.02
ANESTHESIA	166	166	15,900.00	95.78	.001	95.78	.10
PERIODONTICS	232	234	25,144.00	107.45	.001	108.38	.16
ENDODONTICS	584	917	169,364.75	184.69	.006	290.01	1.04
RESTORATIVE DENTISTRY	2,216	6,103	360,187.45	59.02	.038	162.54	2.22
PROSTHETICS	25	28	820.00	29.29	.000	32.80	.01
DENTURES, STAYPLATES	305	832	103,429.80	124.31	.005	339.11	.64
SPACE MAINTAINERS	43	55	6,211.00	112.93	.000	144.44	.04
MAXILLOFACIAL SERVICES	15	18	4,978.70	276.59	.000	331.91	.03
FRACTURES, DISLOCATIONS	4	4	4,700.00	1175.00	.000	1175.00	.03
ORTHODONTIC SERVICES	216	261	20,275.00	77.68	.002	93.87	.13
ALL OTHER SERVICES	134	279	900.00	3.23	.002	6.72	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 14,190
MOP024	FEE-FOR-SERVICE	E/DENTAL					03/14/05
SHASTA COUNTY	SUMMARY OF SERV	VICES FOR MN - NO SOC	- TOTAL				
					MON'	THLY AVERA	GE
162,124 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	2 , 659	7 , 634 \$	170,569.22	\$ 22.34	.047 \$	64.15	\$ 1.05
DIAGNOSTIC AND ANC. PROCED	1,737	1,843	77,671.10	42.14	.011	44.72	.48
EYE APPLIANCES	1,858	5 , 502	85 , 902.54	15.61	.034	46.23	.53
OTHER OPTOMETRIC SERVICES	211	289	6,995.58	24.21	.002	33.15	.04
@CHIROPRACTOR	1,693	2 , 656 \$	44,079.07	\$ 16.60	.016 \$	26.04	\$.27
	1 651						

43,640.80

438.27

1,332.54 \$

16.63

14.14

15.14

26.12

19.92

26.65 \$

.27

.00

.01

.016

.000

.001 \$

2,625

31

88 \$

1,671

22

50

VISITS

@PODIATRIST

OTHER SERVICES

MED T G T ME / T M T D G T T G M T	1.7	0.4	700 40	20.00	0.00	4.6.4.4	0.0
MEDICINE/INJECTIONS	17	24	789.42	32.89	.000	46.44	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	24.22	24.22	.000	24.22	.00
OTHER	33	63	518.90	8.24	.000	15.72	.00
@HOME HEALTH AGENCY	585	14,399 \$	458,178.72	\$ 31.82	.089 \$	783.21	\$ 2.83
NURSE ANESTHESIST	17	190 \$	2,128.09	\$ 11.20	.001 \$		\$.01
NURSE MIDWIFE	4	5 \$	1,762.92	\$ 352.58	.000 \$		\$.01
	-						•
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	218	307 \$		\$ 23.21	.002 \$		
@TOTAL HOSPITAL	15 , 027	77 , 290 \$		\$ 134.60	.477 \$		
HOSP INPATIENT TOTAL	1 , 497	5,938	8,350,251.94	1406.24	.037	5577.99	51.51
HSC HOSPITALS	91	666	938,501.44	1409.16	.004	10313.20	5.79
NON-HSC HOSPITAL TOTAL	1,188	5,272	7,190,545.29	1363.91	.033	6052.65	44.35
ACCOMMODATIONS	1,184	5,272	2,462,753.91	467.14	.033	2080.03	15.19
ADMINISTRATIVE DAYS	6	57	12,837.15	225.21	.000	2139.53	.08
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
				469.78		2077.96	15.11
ALL OTHER ACCOM	1,179	5,215	2,449,916.76		.032		
ANCILLARIES	1,188	0	4,727,791.38	.00	.000	3979.62	29.16
INPATIENT CROSSOVERS	224	0	221,205.21	.00	.000	987.52	1.36
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14,070	71,352	2,052,668.44	28.77	.440	145.89	12.66
MEDICAL	4,423	6,428	236,766.47	36.83	.040	53.53	1.46
SURGERY	1,550	1,826	69,424.70	38.02	.011	44.79	.43
PATHOLOGY	4,834	18,205	226,188.61	12.42	.112	46.79	1.40
RADIOLOGY	3,525	4,876	301,370.34	61.81	.030	85.50	1.86
ROOM USE	11,044	15,322	553,316.26	36.11	.095	50.10	3.41
CROSSOVERS/ALL OTH OUTPINT		24,695	665,602.06	26.95	.152	101.48	4.11
@COUNTY HOSPITAL TOTAL	56	248 \$		\$ 150.92	.002 \$		•
CO HOSPITAL INPATIENT TOTAL	4	24	31,434.02	1309.75	.000	7858.51	.19
HSC HOSPITALS	4	24	31,434.02	1309.75	.000	7858.51	.19
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	53	224		26.76			
CO HOSP OUTPATIENT TOTAL	24		5,994.30		.001	113.10	.04
MEDICAL		33	1,738.88	52.69	.000	72.45	.01
SURGERY	5	6	223.57	37.26	.000	44.71	.00
PATHOLOGY	15	82	1,028.05	12.54	.001	68.54	.01
RADIOLOGY	8	11	494.36	44.94	.000	61.80	.00
ROOM USE	36	49	2,052.09	41.88	.000	57.00	.01
CROSSOVERS/ALL OTH OUTPINT	16	43	457.35	10.64	.000	28.58	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES M	IONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 14,191
MOP024	FEE-FOR-SERVICE						03/14/05
SHASTA COUNTY		VICES FOR MN - NO SOC	· - TOTAL				
511116 111 0001111	DOIMMING OF DELL	1020 1011 1111 110 000	101111		MON	THLY AVERA	GE
162,124 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
102/121 22122220	ODERO	OR DAYS OF CARE	DITT BIVD I I OTCH	PER UNIT/DAY		USER	ELIGIBLE
ACOMMINITY HOSDITAL TOTAL	14,977	77,042 \$	10,365,492.06	\$ 134.54		692.09	
@COMMUNITY HOSPITAL TOTAL		•					
COMM HOSP INPATIENT TOTAL	1,493	5,914	8,318,817.92	1406.63	.036	5571.88	51.31
HSC HOSPITALS	87	642	907,067.42	1412.88	.004	10426.06	5.59
NON-HSC HOSPITALS TOTAL	1,188	5,272		1363.91	.033	6052.65	44.35
ACCOMMODATIONS	1,184	5 , 272	2,462,753.91	467.14	.033	2080.03	15.19

ADMINISTRATIVE DAYS	6	57		12,837.15		225.21	.000		2139.53		.08
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,179	5,215		2,449,916.76		469.78	.032		2077.96		15.11
ANCILLARIES	1,188	0		4,727,791.38		.00	.000		3979.62		29.16
INPATIENT CROSSOVERS	224	0		221,205.21		.00	.000		987.52		1.36
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	14,023	71,128		2,046,674.14		28.77	.439		145.95		12.62
MEDICAL	4,400	6,395		235,027.59		36.75	.039		53.42		1.45
SURGERY	1,545	1,820		69,201.13		38.02	.011		44.79		.43
PATHOLOGY	4,819	18,123		225,160.56		12.42	.112		46.72		1.39
RADIOLOGY	3,517	4,865		300,875.98		61.85	.030		85.55		1.86
ROOM USE	11,011	15,273		551,264.17		36.09	.094		50.06		3.40
CROSSOVERS/ALL OTH OUTPINT		24,652		665,144.71		26.98	.152		101.66		4.10
@STATE HOSPITAL	0	0	\$		\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	317	7,371	\$		\$			\$	3549.93	\$	6.94
LEV A-INTERMEDIATE	10	251		22,473.89		89.54	.002		2247.39		.14
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	4	91		51,160.31		562.20	.001		12790.08		.32
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	304	7,029		1,051,695.17		149.62	.043		3459.52		6.49
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	86	1,095	\$		\$			Ş	1190.54	Ş	.63
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	86	1,095	_	102,386.41	_	93.50	.007	_	1190.54	_	.63
@REHABILITATION FACILITY	58	860	\$		\$			Ş	198.66	Ş	.07
HOSPITAL BASED	13	77		1,902.86		24.71	.000		146.37		.01
INDEPENDENT FACILITY	45	783	_	9,619.30	_	12.29	.005	_	213.76	_	.06
@LABORATORY FACILITY	6,908	24,272	\$		\$.150	Ş		Ş	2.13
PATHOLOGY	6,784	24,011		336,512.84		14.01	.148		49.60		2.08
XO AND OTHERS	124	261		8,905.43		34.12	.002		71.82		.05
@ORGANIZED OUTPATIENT CLINIC	31,778	49,285	\$	4,675,795.11	\$	94.87	.304	Ş		Ş	28.84
CLINIC	1,859	5,549		179,040.84		32.27			96.31		1.10
SURGICENTER	343	1,124		72,560.35		64.56	.007		211.55		.45
HEROIN DETOX CLINIC	3	37		472.68 4,423,721.24		12.78	.000		157.56		.00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	29,901	42,575	DEC M	4,423,721.24 ONTH-OF-PAYMENT RE		103.90	.263	DEC	147.95	D	27.29
MOP024	FEE-FOR-SERVICE		KES M	ONTH-OF-PAIMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 14,192 03/14/05
SHASTA COUNTY		/ICES FOR MN - N	0 000	moma i							03/14/03
SHASTA COUNTY	SUMMARY OF SERV	TICES FOR MIN - IN	0 500	- TOTAL			N		HLY AVERA	CF -	
162,124 ELIGIBLES	USERS	UNITS OF SERVICE	T.	EXPENDITURES	7/ 7/ 7/ 7		UNITS/DAY		COST PER		COST PER
102,124 ELIGIBLES	USEKS	OR DAYS OF CAR		EXPENDITORES					USER		ELIGIBLE
ANTI OTHER PROVIDERS	9,679		\$	1 306 040 40	\$	8.38	PER ELIG		135.03		8.06
@ALL OTHER PROVIDERS DURABLE MED. EQUIP.	483	155,902 1,421	Ą	1,306,940.49 120,262.51	Ą	84.63	.962 .009	\$	248.99	Ą	.74
BLOOD BANK	0	1,421		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	183	356		44,292.79		124.42	.000		242.04		.27
MEDICAL TRANSPORTATION	1,083	38,386		327,444.60		8.53	.237		302.35		2.02
AMBULANCES/AIR TRANS	811	11,550		173,747.19		15.04	.071		214.24		1.07
OTHER TRANS	250	26,552		76,116.32		2.87	.164		304.47		.47
OTHER TRANS	105	284		77,581.09		273.17	.002		738.87		.48
ACUPUNCTURE	16	28		538.33		19.23	.000		33.65		.00
1100101101111	± 0	20		550 . 55		17.25	• 0 0 0		33.33		• • • •

ADULT DAY HEALTH CARE CTR	120	1 , 350	93 , 995.64	69.63	.008	783.30	.58
GENETIC DISEASE TESTING	246	246	25,758.00	104.71	.002	104.71	.16
IHMC, MODEL-NF, NF, AIDS, MSSP	324	10,030	323,553.27	32.26	.062	998.62	2.00
OCCUPATIONAL THERAPIST	3	14	193.35	13.81	.000	64.45	.00
OPTICIAN	2,180	5 , 083	53,341.77	10.49	.031	24.47	.33
PHYSICAL THERAPIST	317	3 , 549	49,749.53	14.02	.022	156.94	.31
PORTABLE X-RAY	5	16	16.19	1.01	.000	3.24	.00
PROSTHETIST/ORTHOTISTS	285	429	30,582.97	71.29	.003	107.31	.19
PROSTHETICS	282	426	30,486.08	71.56	.003	108.11	.19
ORTHOTICS	3	3	96.89	32.30	.000	32.30	.00
PSYCHOLOGIST	1	1	34.61	34.61	.000	34.61	.00
SPEECH AND AUDIOLOGY	173	482	30,219.55	62.70	.003	174.68	.19
HOSPICE SERVICES	13	228	29,931.25	131.28	.001	2302.40	.18
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,843	10,708	97,291.65	9.09	.066	34.22	.60
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,898	83 , 575	79,734.48	.95	.516	42.01	.49
@CALIF. CHILDREN SERVICES*	407	6,146	\$ 1,360,016.16	\$ 221.28	.038	\$ 3341.56	\$ 8.39
@XOVER EXCLUDING STATE HOSP**	4,595	31,745	\$ 752,860.37	\$ 23.72	.196	\$ 163.84	\$ 4.64

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,193
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

0111101111 00011111	DOIMMING OF DELC	VIOLO ION IN DOC II	000	TITE CODE I			
					MOI	NTHLY AVERA	GE
359 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	498	4,703 \$	423,401.16	\$ 90.03	13.100	\$ 850.20	\$ 1179.39
@PHYSICIANS SERVICES	116	477 \$	16,796.64	\$ 35.21	1.329	144.80	\$ 46.79
OUTPATIENT VISITS	1	1	35.48	35.48	.003	35.48	.10
OFFICE VISITS	1	1	35.48	35.48	.003	35.48	.10
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	11	570.21	51.84	.031	142.55	1.59
HOSPITAL VISITS	4	10	448.61	44.86	.028	112.15	1.25
CRITICAL CARE	1	1	121.60	121.60	.003	121.60	.34
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	3	3,152.15	1050.72	.008	1576.08	8.78
PRINCIPAL SURGEON	2	3	3,152.15	1050.72	.008	1576.08	8.78
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	2	6		44.82		7.47	.017		22.41		.12
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	23		2,200.87		95.69	.064		1100.44		6.13
OTHER SERVICES/ALL X-OVERS	112	433		10,793.11		24.93	1.206		96.37		30.06
@PHARMACY	210	1,489	\$	82,196.29	\$	55.20	4.148	\$	391.41	\$	228.96
PRESCRIPTION DRUGS	196	1,152		80,418.13		69.81	3.209		410.30		224.01
SNF/ICF	79	739		32,628.97		44.15	2.058		413.02		90.89
OUTPATIENTS	117	413		47,789.16		115.71	1.150		408.45		133.12
MEDICAL SUPPLIES	28	337		1,778.16		5.28	.939		63.51		4.95
@DENTIST	37	114	\$	4,071.00	\$	35.71	.318	\$	110.03	\$	11.34
VISITS - DIAGNOSTIC	22	49		502.00		10.24	.136		22.82		1.40
ORAL SURGERY	7	32		588.00		18.38	.089		84.00		1.64
DRUGS	1	2		.00		.00	.006		.00		.00
ANESTHESIA	1	1		.00		.00	.003		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	1		215.00		215.00	.003		215.00		.60
RESTORATIVE DENTISTRY	8	17		1,417.00		83.35	.047		177.13		3.95
PROSTHETICS	1	1		.00		.00	.003		.00		.00
DENTURES, STAYPLATES	6	11		1,349.00		122.64	.031		224.83		3.76
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 14,194
MOP024	FEE-FOR-SERVICE/DE	NTAL									03/14/05

----- MONTHLY AVERAGE -----USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 359 ELIGIBLES UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 23 @OPTOMETRIST 410.02 \$ 17.83 .064 \$ 58.57 \$ 1.14 0 .00 .00 .00 DIAGNOSTIC AND ANC. PROCED .000 .00 352.16 EYE APPLIANCES 17.61 .056 50.31 .98 OTHER OPTOMETRIC SERVICES 3 57.86 19.29 .008 57.86 .16 .00 .00 \$.00 \$.000 \$ @CHIROPRACTOR VISITS 0 .00 .00 .000 .00 .00 .00 .000 .00 OTHER SERVICES 0 .00 .00 15.31 \$ 3.83 .011 \$ 3.83 \$.04 @PODIATRIST .00 .00 .000 .00 .00 MEDICINE/INJECTIONS .00 SURGERY/ANES. .00 .000 .00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 OTHER 15.31 3.83 .011 3.83 .04 0 .00 \$ @HOME HEALTH AGENCY .00 .000 \$.00 \$.00 .00 \$.00 .00 \$ NURSE ANESTHESIST .000 \$ NURSE MIDWIFE .00 \$.00 .000 \$.00 \$.00 PEDIATRIC NURSE PRACTITIONER .00 \$.00 .000 \$.00 \$.00 FAMILY NURSE PRACTITIONER 0 .00 \$.00 .000 \$.00 \$ 58 314 91,580.21 \$ 291.66 .875 \$ 1578.97 \$ @TOTAL HOSPITAL 255.10 HOSP INPATIENT TOTAL 43 82,756.42 1924.57 .120 2586.14 230.52 0 0 .00 .00 HSC HOSPITALS .00 .000 43 60,921.49 1416.78 60921.49 169.70 NON-HSC HOSPITAL TOTAL .120 ACCOMMODATIONS 43 21,548.74 501.13 .120 21548.74 60.02 .000 .00 .00 .00 ADMINISTRATIVE DAYS 0 .00 .00 .000 TRANSITIONAL IP CARE .00 .00 43 21,548.74 501.13 .120 ALL OTHER ACCOM 21548.74 60.02 ANCILLARIES 39,372.75 .00 .000 39372.75 109.67

SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

SHASTA COUNTY

INPATIENT CROSSOVERS	31	0		21,834.93	.00	.000	704.35		60.82
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	28	271		8,823.79	32.56	.755	315.14		24.58
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	1	15		1,841.45	122.76	.042	1841.45		5.13
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	27	256		6,982.34	27.27	.713	258.61		19.45
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			RES	MONTH-OF-PAYMENT R	EPORT FOR JAN	I 2004 THRU DE	EC 2004	PF	AGE 14,195
MOP024	FEE-FOR-SERVICE/DE	ENTAL							03/14/05
SHASTA COUNTY	SUMMARY OF SERVICE	ES FOR MN - S	OC -	AGED	AID CODE 1	.7 1Y			
						MON	ITHLY AVERA	.GE -	
359 ELIGIBLES	USERS UN	NITS OF SERVIC	E	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	(COST PER

		OR DAYS OF CAR	3		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	58	314	\$	91,580.21	\$	- ,	_		1578.97		255.10
COMM HOSP INPATIENT TOTAL	32	43		82,756.42		1924.57	.120		2586.14		230.52
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	43		60,921.49		1416.78 501.13	.120		60921.49		169.70
ACCOMMODATIONS	1	43		21,548.74		501.13	.120		21548.74		60.02
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	43		21,548.74		501.13	.120		21548.74		60.02
ANCILLARIES	1	0		39,372.75		.00	.000		39372.75		109.67
INPATIENT CROSSOVERS	31	0		21,834.93		.00	.000		704.35		60.82
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	28	271		8,823.79		32.56	.755		315.14		24.58
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	Õ		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	15		1,841.45		122.76	.042		1841.45		5.13
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	27	256		6,982.34		27.27	.713		258.61		19.45
@STATE HOSPITAL	0	0	\$		\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	т	.00	т	.00	.000	Τ.	.00	т	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	89	1,855	\$	210,501.86	Ś			Ś	2365.19	Ś	586.36
LEV A-INTERMEDIATE	22	414	۲	31,088.12	۲	75.09	1.153	٧	1413.10	7	86.60
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	68	1,441		179,413.74		124.51	4.014		2638.44		499.76
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	Ġ	.00
ICF DDH	0	0	۲	.00	۲	.00	.000	٧	.00	7	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	3	\$	1,068.77	\$	356.26	.008	Ś	534.39	Ś	2.98
HOSPITAL BASED	0	0	т	.00	т	.00	.000	Τ.	.00	т	.00
HEMODIALYSIS CENTER	2	3		1,068.77		356.26	.008		534.39		2.98
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	۲	.00	Y	.00	.000	Y	.00	7	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	5	\$	40.84	\$	8.17	.014	Ś	20.42	Ś	.11
PATHOLOGY	0	0	т	.00	т	.00	.000	Τ.	.00	т	.00
XO AND OTHERS	2	5		40.84		8.17	.014		20.42		.11
@ORGANIZED OUTPATIENT CLINIC	56	91	\$	4,088.92	\$	44.93	.253	Ś	73.02	Ś	11.39
CLINIC	0	0	7	.00	7	.00	.000	т.	.00	т	.00
SURGICENTER	4	8		1,474.35		184.29	.022		368.59		4.11
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC				2,614.57		31 50			50 28		
				MONTH-OF-PAYMENT RI							
	FEE-FOR-SERVICE					i i oit oiit z	.001 111110	DLC	2001		03/14/05
		•)C. –	AGED	Α-	ID CODE 17	1 Y				00, 11, 00
			-	- 			M	ONT	HLY AVERA	GE	
359 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVI						
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	74		\$	12,631.30					170.69		
DURABLE MED. EQUIP.	6	10		6,435.71		643.57	.028		1072.62		17.93
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	3	9	2 , 595.73	288.41	.025	865.24	7.23
MEDICAL TRANSPORTATION	31	200	1,194.67	5.97	.557	38.54	3.33
AMBULANCES/AIR TRANS	3	3	87.97	29.32	.008	29.32	.25
OTHER TRANS	29	192	1,047.40	5.46	.535	36.12	2.92
OTHER SERVICES	5	5	59.30	11.86	.014	11.86	.17
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	22	236.96	10.77	.061	23.70	.66
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6	1,394.90	232.48	.017	464.97	3.89
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	26	81	773.33	9.55	.226	29.74	2.15
@CALIF. CHILDREN SERVICES*	0	0 \$		\$.00	.000		
@XOVER EXCLUDING STATE HOSP**	206	915 \$	72,146.13	\$ 78.85	2.549	\$ 350.22	\$ 200.96

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INDEE DITTI TAKE INCHEDED I	iii iii iiiiiii biiiii biiiib iibovb.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,197
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27	

DOMINANT OF DER	VICED FOR	1.111		DHIND		AID CODE	2 /		
							MO	NTHLY AVERA	GE
USERS	UNITS OF	SERVICE	€	EXPENDITURE	ES AVE	ERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS	OF CARE	€		PEF	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
0		0	\$. (0 \$.00	.000	\$.00	\$.00
0		0	\$. (0 \$.00	.000	\$.00	\$.00
0		0		. (0 (.00	.000	.00	.00
0		0		. (0 (.00	.000	.00	.00
0		0		. (0 (.00	.000	.00	.00
0		0		. (0 (.00	.000	.00	.00
0		0		. (0 (.00	.000	.00	.00
0		0		. (0 (.00	.000	.00	.00
0		0		. (0 (.00	.000	.00	.00
0		0		. (0 0	.00	.000	.00	.00
0		0		. (0 (.00	.000	.00	.00
0		0		. (0 0	.00	.000	.00	.00
0		0		. (0 (.00	.000	.00	.00
0		0		. (0 0	.00	.000	.00	.00
0		0		. (0 (.00	.000	.00	.00
0		0		. (0 0	.00	.000	.00	.00
0		0		. (0 (.00	.000	.00	.00
0		0		. (0 0	.00	.000	.00	.00
0		0		. (0 (.00	.000	.00	.00
0		0		. (0 (.00	.000	.00	.00
		USERS UNITS OF	USERS UNITS OF SERVICE		USERS UNITS OF SERVICE EXPENDITURE OR DAYS OF CARE 0 0 \$.0 0 0 \$.0 0 0 .0 0	USERS UNITS OF SERVICE EXPENDITURES AVE	USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY OR O	USERS	USERS

OUIPAILENI SURGERI	U		U		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		Ö		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00		.00
	0		0	\$		Ś	.00		\$.00	ċ	
@PHARMACY	0		-	Ą		Ą		.000	Ą		Ş	.00
PRESCRIPTION DRUGS	•		0		.00		.00	.000		.00		.00
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	0		0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		Ô		.00		.00	.000		.00		.00
PROSTHETICS	0		Ô		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00							
	0		0				.00	.000		.00		.00
FRACTURES, DISLOCATIONS	U		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	U		Ü		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			PENDITUF	RES	MONTH-OF-PAYMENT RE	PORT	FOR JAN 2	:004 THRU	DEC	2004	P	AGE 14,198
MOP024	FEE-FOR-SERVICE,											03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR	MN - SC)C -	- BLIND		AID CODE	27				
										HLY AVERA	GE ·	
02 ELIGIBLES	USERS	UNITS OF	SERVICE	3	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS	OF CARE	3		PER	UNIT/DAY	PER ELIG		USER]	ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		Ō	\$.00	\$.00	.000	\$.00	Ś	.00
VISITS	0		0	-1	.00	7	.00	.000	т.	.00	т.	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$		\$.00	.000	\$.00	Ċ	.00
MEDICINE/INJECTIONS	0		0	۲	.00	۲	.00	.000	Ą	.00	ې	
	0		Ū									.00
SURGERY/ANES.	U		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	Ş	.00	Ş	.00	.000	\$.00		.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00		.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00

OUTPATIENT SURGERY

0

0

.00

.00

.000

.00

.00

NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	ES MONTH-OF-	-PAYMENT REPO	ORT FOR JAN 20	04 THRU DEC	2004	PAGE 14,199
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	MN - SOC	C - BLIND		AID CODE 2	7		
					_	MONT	HLY AVERAC	GE

					MON	THLY AVERA	GE
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-OR	F-PAYMENT RE	PORT	FOR JAN 2004	THRU	DEC	2004	PA	GE 14,200
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	MN - SC	C - BLIND			AID CODE 27					. ,

02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,201 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SHASTA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

					MON	ITHLY AVERA	GE
422 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	682	6 , 787	\$ 818,888.00	\$ 120.66	16.083 \$	1200.72	\$ 1940.49
@PHYSICIANS SERVICES	219	1,351	\$ 56,719.16	\$ 41.98	3.201 \$	258.99	\$ 134.41
OUTPATIENT VISITS	58	78	4,421.50	56.69	.185	76.23	10.48
OFFICE VISITS	34	46	1,987.50	43.21	.109	58.46	4.71
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	22	27	2,289.60	84.80	.064	104.07	5.43
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	5	144.40	28.88	.012	36.10	.34
INPATIENT VISITS	34	149	6 , 571.79	44.11	.353	193.29	15.57
HOSPITAL VISITS	33	139	5,481.19	39.43	.329	166.10	12.99
CRITICAL CARE	5	10	1,090.60	109.06	.024	218.12	2.58
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	25	331		11,607.16		35.07	.784		464.29		27.51
PRINCIPAL SURGEON	20	39		8,730.55		223.86	.092		436.53		20.69
ASSISTANT SURGEON	4	4		575.82		143.96	.009		143.96		1.36
ANESTHESIOLOGIST	7	288		2,300.79		7.99	.682		328.68		5.45
OUTPATIENT SURGERY	19	180		5,566.78		30.93	.427		292.99		13.19
PRINCIPAL SURGEON	18	36		5,098.00		141.61	.085		283.22		12.08
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	144		468.78		3.26	.341		156.26		1.11
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	8	38		1,416.03		37.26	.090		177.00		3.36
RADIOLOGY	66	251		20,101.41		80.09					47.63
PSYCHIATRY	0	0		.00		.00			.00		.00
IMMUNIZATION AND INJECTION	3	62		79.17		1.28	.147		26.39		.19
OTHER SERVICES/ALL X-OVERS	119	262		6,955.32		26.55			58.45		16.48
@PHARMACY	382	2,824	\$	389,924.39	Ś			Ś	1020.74	Ś	
PRESCRIPTION DRUGS	367	1,918		387,457.13		202.01	4.545		1055.74		918.14
SNF/ICF	2	16		620.28		38.77	.038		310.14		1.47
OUTPATIENTS	365	1,902		386,836.85		203.38	4.507		1059.83		916.68
MEDICAL SUPPLIES	36	906		2,467.26		2.72	2.147		68.54		5.85
@DENTIST	60	230	Ś	6,183.17			.545	Ś		Ś	14.65
VISITS - DIAGNOSTIC	36	110		840.48		7.64	.261		23.35		1.99
ORAL SURGERY	12	48		760.20		15.84	.114		63.35		1.80
DRUGS	2	3		55.00		18.33			27.50		.13
ANESTHESIA	1	1		100.00		100.00	.002		100.00		.24
PERIODONTICS	2	2		236.00		118.00	.005		118.00		.56
ENDODONTICS	2	2		290.00		145.00			145.00		.69
RESTORATIVE DENTISTRY	11	39		2,111.00		54.13			191.91		5.00
PROSTHETICS	3	3		88.50		29.50			29.50		.21
DENTURES, STAYPLATES	11	17		1,701.99		100.12	.040		154.73		4.03
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	8	5		.00		.00	.012		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	JRES		EPOR'	T FOR JAN		DEC		Р	AGE 14,202
MOP024	FEE-FOR-SERVICE/DENTA		_				-	_			03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES F		SOC -	DISABLED AID	CODE	s 65 67 61	W 6Y				-, ,
								ONT	HLY AVERA	GE.	

							M	OMI	HLY AVERA	.GE	
422 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	2		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	10	25	\$	510.56	\$	20.42	.059	\$	51.06	\$	1.21
DIAGNOSTIC AND ANC. PROCED	4	4		164.94		41.24	.009		41.24		.39
EYE APPLIANCES	6	17		297.35		17.49	.040		49.56		.70
OTHER OPTOMETRIC SERVICES	2	4		48.27		12.07	.009		24.14		.11
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	6	17	\$	1,237.76	\$	72.81	.040	\$	206.29	\$	2.93
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NOKSE MIDMILE	U	U Ş	.00	ې	.00	.000			.00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.000 \$.00	
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	
@TOTAL HOSPITAL	108	1,254 \$	323,661.77	\$	258.10	2.972	2996.87	\$	766.97	
HOSP INPATIENT TOTAL	40	203	275,763.62		1358.44	.481	6894.09		653.47	
HSC HOSPITALS	7	65	74,277.09		1142.72	.154	10611.01		176.01	
NON-HSC HOSPITAL TOTAL	22	138	189,745.20		1374.97	.327	8624.78		449.63	
ACCOMMODATIONS	22	138	50,282.88		364.37	.327	2285.59		119.15	
ADMINISTRATIVE DAYS	1	12	1,987.05		165.59	.028	1987.05		4.71	
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00	
ALL OTHER ACCOM	21	126	48,295.83		383.30	.299	2299.80		114.45	
ANCILLARIES	22	0	139,462.32		.00	.000	6339.20		330.48	
TMDATTEMT CDOSCOVEDS	1.2	0	11,741.33		.00	.000	978.44		27.82	
ALL OTHER INPATIENT	0 75 31 9 29	0	.00		.00	.000	.00		.00	
HOSP OUTPATIENT TOTAL	75	1,051			45 57	2.491	638.64		113.50	
MEDICAL	31	125	47,898.15 16,185.02		45.57 129.48	.296	522.10		38.35	
SURGERY	9	12	407.74		33.98	.028	45.30		.97	
PATHOLOGY	20	356	4,561.21		12.81	.844	157.28		10.81	
RADIOLOGY	27	44	7,325.03		166.48	.104	271.30		17.36	
ROOM USE	36	60	2,791.60		46.53	.142	77.54		6.62	
	50	454	•				332.55		39.40	
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL	0	454	16,627.55 .00	<u></u>	36.62	1.076		ċ		
•	0					.000 \$		Ş	.00	
CO HOSPITAL INPATIENT TOTAL	U	0	.00		.00	.000	.00		.00	
HSC HOSPITALS	U	0	.00		.00	.000	.00		.00	
NON-HSC HOSPITALS TOTAL	U	0	.00		.00	.000	.00		.00	
ACCOMMODATIONS	0	0	.00		.00	.000			.00	
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00	
TRANSITIONAL IP CARE	0	0	.00		.00	.000			.00	
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00	
ANCILLARIES	0	0	.00		.00	.000	.00		.00	
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00	
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000			.00	
MEDICAL	0	0	.00		.00	.000	.00		.00	
SURGERY	0	0	.00		.00	.000	.00		.00	
PATHOLOGY	0	0	.00		.00	.000	.00		.00	
RADIOLOGY	0	0	.00		.00	.000	.00		.00	
ROOM USE	0	0	.00		.00	.000	.00		.00	
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.000	.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT H	REPO	RT FOR JAN	2004 THRU DE	EC 2004	PA	GE 14,203	
MOP024	FEE-FOR-SERVICE/	DENTAL							03/14/05	
SHASTA COUNTY	SUMMARY OF SERVI	CES FOR MN - SOC	- DISABLED AID	COD	ES 65 67 6W	6Y				
						MON	THLY AVERA	GE -		
422 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	А	VERAGE COST	UNITS/DAYS	COST PER	С	OST PER	
		OR DAYS OF CARE		Р	ER UNIT/DAY	PER ELIG	USER	Ε	LIGIBLE	
@COMMUNITY HOSPITAL TOTAL	108	1,254 \$	323,661.77		258.10		2996.87			
COMM HOSP INPATIENT TOTAL	40	203	275,763.62		1358.44	.481	6894.09		653.47	
HSC HOSPITALS	7	65			1142.72		10611.01			
NON-HSC HOSPITALS TOTAL	22	138	189,745.20		1374.97	.327	8624.78		449.63	
ACCOMMODATIONS	22	138	50,282.88		364.37	.327	2285.59		119.15	
ADMINISTRATIVE DAYS	1	12	1,987.05		165.59	.028	1987.05		4.71	
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00	
ALL OTHER ACCOM	21	126	48,295.83		383.30	.299	2299.80		114.45	
	22	126	•				6339.20		330.48	
ANCILLARIES			139,462.32		.00	.000				
INPATIENT CROSSOVERS	12 0	0	11,741.33		.00	.000	978.44		27.82	
ALL OTHER INPATIENT	U	0	.00		.00	.000	.00		.00	

0 \$.00 \$.00 \$.00 \$.00

0

NURSE MIDWIFE

COMM HOSP OUTPATIENT TOTAL	75	1,051		47,898.15		45.57	2.491		638.64		113.50
MEDICAL	31	125		16,185.02		129.48	.296		522.10		38.35
SURGERY	9	12		407.74		33.98	.028		45.30		.97
PATHOLOGY	29	356		4,561.21		12.81	.844		157.28		10.81
RADIOLOGY	27	44					.104		271.30		17.36
ROOM USE	36	60		2,791.60		166.48 46.53	.142		77.54		6.62
CROSSOVERS/ALL OTH OUTPINT	50	454		16,627.55		36.62	1.076		332.55		39.40
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00	·	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	3	39	\$	5,383.31	\$	138.03		\$	1794.44	\$	12.76
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	·	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	3	39		5,383.31		138.03	.092		1794.44		12.76
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3	4	\$	1,184.59	\$	296.15	.009	\$	394.86	\$	2.81
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	3	4		1,184.59		296.15	.009		394.86		2.81
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	36	338	\$	2,754.81	\$	8.15	.801	\$	76.52	\$	6.53
PATHOLOGY	32	330		2,686.06		8.14	.782		83.94		6.37
XO AND OTHERS	4	8		68.75		8.59	.019		17.19		.16
@ORGANIZED OUTPATIENT CLINIC	148	244	\$	15,641.66	\$	64.11	.578	\$	105.69	\$	37.07
CLINIC	1	1		13.76		13.76	.002		13.76		.03
SURGICENTER	2	8		220.40		27.55	.019		110.20		.52
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	145	235		15,407.50		65.56	.557		106.26		36.51
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	URES	MONTH-OF-PAYMENT RI	EPOR	r for Jan	2004 THRU	DEC	2004	PI	AGE 14,204
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	MN -	soc -	DISABLED AID (CODES	s 65 67 6V	V 6Y				
							M	TNOI	HLY AVERA	GE -	

					MO	NTHLY AVERA	GE	
422 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	72	461	\$ 15,686.82	\$ 34.03	1.092	\$ 217.87	\$ 37.17	
DURABLE MED. EQUIP.	15	27	2,610.84	96.70	.064	174.06	6.19	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	16	116	4,953.35	42.70	.275	309.58	11.74	
AMBULANCES/AIR TRANS	15	88	1,811.85	20.59	.209	120.79	4.29	
OTHER TRANS	1	26	66.50	2.56	.062	66.50	.16	
OTHER SERVICES	2	2	3,075.00	1537.50	.005	1537.50	7.29	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	9	28	4,518.95	161.39	.066	502.11	10.71	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	8	23	270.42	11.76	.055	33.80	.64	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	

PORTABLE X-RAY	0	0	.00		.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	1	1	13.40	13	. 40	.002		13.40	.03
PROSTHETICS	1	1	13.40	13	. 40	.002		13.40	.03
ORTHOTICS	0	0	.00		.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000		.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000		.00	.00
HOSPICE SERVICES	2	20	2,659.80	132	. 99	.047	13	329.90	6.30
NONINST BIRTHING CENTERS	0	0	.00		.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	1	3	16.98	5	. 66	.007		16.98	.04
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000		.00	.00
ALL OTHER PROVIDERS	23	243	643.08	2	. 65	.576		27.96	1.52
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	111	1,122	\$ 20,434.60	\$ 18	.21	2.659	\$ 1	84.10	\$ 48.42

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,205
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37	

BIHIBIH CCCIVII	DOINGING OF DEEK	VIOLO IOIC III D	00	TIMITED THE CODE	010 010 07			
						MON	THLY AVERA	GE
712 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,112	9,004	\$	1,057,364.77	\$ 117.43	12.646 \$	950.87	\$ 1485.06
@PHYSICIANS SERVICES	466	3,409	\$	133,600.41	\$ 39.19	4.788 \$	286.70	\$ 187.64
OUTPATIENT VISITS	194	241		13,160.91	54.61	.338	67.84	18.48
OFFICE VISITS	74	93		3,024.65	32.52	.131	40.87	4.25
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	124	146		10,071.61	68.98	.205	81.22	14.15
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		18.63	.00	.000	.00	.03

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	2	2		46.02 13,916.19	23.01	.003	23.01		.06
INPATIENT VISITS	70	257					198.80		19.55
HOSPITAL VISITS	68	220		10,590.24	48.14	.309	155.74		14.87
CRITICAL CARE	12	37		3 , 325.95	89.89	.052	277.16		4.67
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		0.0
OPHTHALMOLOGICAL SERVICES	2	2		46.44	23.22	.003	23.22		.07
EXAMINATIONS	2	2		46.44	23.22	.003	23.22		.07
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		- 00
INPATIENT HOSPITAL SURGERY	64	634		34,239.18	54.01	. 890	534.99		48.09
PRINCIPAL SURGEON	48	95		29,119.10	306.52	.133	606.65		
ASSISTANT SURGEON	5	6		849.85	141.64	.008	169.97		1.19
ANESTHESIOLOGIST	17	533		10,590.24 3,325.95 .00 46.44 46.44 .00 34,239.18 29,119.10 849.85 4,270.23 20,276.56 17,664.22	8.01	.749	251.19		6.00
OUTPATIENT SURGERY	- · 67	1.241		20,276.56	16.34	1.743	302.64		28 48
PRINCIPAL SURGEON	5 5	77		17,664.22 .00 2,612.34 1,392.06 165.49	229 41	108	321 17		24.81
ASSISTANT SURGEON	0	, ,		00	0.0	000	00		.00
ANESTHESIOLOGIST	16	1.164		2.612 34	2 24	1 635	163 27		3.67
DIALVSIS	4	28		1 392 06	49 72	039	348 02		1.96
PATHOLOGY	12	22		165 49	7 52	031	13 79		.23
PADIOLOGY	100	126		17 207 21	10.60		91.52		24.29
DCVCHIAMDA	109	420		17,297.21	40.00		91.32		.00
LOICUTALLI	1.2	222		1,392.06 165.49 17,297.21 .00 23,188.27	72.01	.000	1022 26		32.57
IMMUNIZATION AND INJECTION	102	322		23,188.27	/2.01	452	1932.30		32.37
OTHER SERVICES/ALL X-OVERS	102	∠30 1 004	ć	9,918.10	42.03	.331	97.24	<u>_</u>	13.93
OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS	315	1,094	Ş	9,918.10 105,216.47 103,459.93	\$ 96.18	1.53/	\$ 334.02	Ş	147.78
PRESCRIPTION DRUGS	309	1,037		103,459.93	99.77	1.456	334.82		145.31
SNF/ICF	0	1 000		.00 103,459.93 1,756.54	.00	.000	.00		.00
OUTPATIENTS	309	1,037 57		103,459.93	99.77	1.456	334.82		145.31
MEDICAL SUPPLIES	19	57		1,756.54	30.82	.080	92.45		2.47
@DENTIST	105	554	Ş	16,236.00	\$ 29.31		\$ 154.63	Ş	22.80
VISITS - DIAGNOSTIC	71	321		2,249.00	7.01	. 451	31.68 74.56		3.16
ORAL SURGERY	18	38		1,342.00	35.32	.053	74.56		1.88
DRUGS	4	9		90.00	10.00	.013	22.50		.13
ANESTHESIA	4	4		100.00	25.00	.006			.14
PERIODONTICS	4	4		.00	.00	.006	. () ()		_ ()()
ENDODONTICS	9	14		2,609.00	186.36	.020	289.89		3.66
RESTORATIVE DENTISTRY	35	132		8,989.00	68.10	.185	256.83		12.63
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	4	20		857.00	42.85	.028	214.25		1.20
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	0	0		16,236.00 2,249.00 1,342.00 90.00 100.00 .00 2,609.00 8,989.00 .00 .00 .00 .00 .00 .00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000			.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	4	12		.00	.00	.017	.00		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	JRES N	MONTH-OF-PAYMENT RE	EPORT FOR JA	N 2004 THRU	DEC 2004	Р	PAGE 14,206
MOP024	FEE-FOR-SERVICE/DEN							_	03/14/05
	CUMMARY OF CERTICES		100	EAMILIEC AID CODE	ED 6D 27				55, 11, 55

SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37 SHASTA COUNTY

							MO	NTH	LY AVERA	GΕ	
712 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	С	OST PER		COST PER
		OR DAYS OF CARE	3		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	24	64	\$	1,434.69	\$	22.42	.090	\$	59.78	\$	2.02
DIAGNOSTIC AND ANC. PROCED	17	18		719.54		39.97	.025		42.33		1.01
EYE APPLIANCES	17	44		691.74		15.72	.062		40.69		.97
OTHER OPTOMETRIC SERVICES	2	2		23.41		11.71	.003		11.71		.03
@CHIROPRACTOR	3	3	\$	50.16	\$	16.72	.004	\$	16.72	\$.07
VISITS	3	3		50.16		16.72	.004		16.72		.07
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	15 \$	1,070.14	\$ 71.34		\$ 267.54	\$ 1.50
NURSE ANESTHESIST	0	0 \$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	3 \$	34.40	\$ 11.47	.004		\$.05
@TOTAL HOSPITAL	369	2,301 \$	744,892.92	\$ 323.73		\$ 2018.68	\$ 1046.20
-	57						•
HOSP INPATIENT TOTAL		288	688,757.08	2391.52	.404	12083.46	967.36
HSC HOSPITALS	3	2	1,316.52	658.26	.003	438.84	1.85
NON-HSC HOSPITAL TOTAL	54	286	687,440.56	2403.64	.402	12730.38	965.51
ACCOMMODATIONS	54	286	113,227.22	395.90	.402	2096.80	159.03
ADMINISTRATIVE DAYS	1	18	4,163.40	231.30	.025	4163.40	5.85
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	54	268	109,063.82	406.95	.376	2019.70	153.18
ANCILLARIES	54	0	574,213.34	.00	.000	10633.58	806.48
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	320	2,013	56,135.84	27.89	2.827	175.42	78.84
MEDICAL	122	200	3,958.53	19.79	.281	32.45	5.56
SURGERY	57	62	2,283.65	36.83	.087	40.06	3.21
PATHOLOGY	128	554	5,090.72	9.19	.778	39.77	7.15
RADIOLOGY	136	198	13,468.48	68.02	.278	99.03	18.92
ROOM USE	229	297	8,615.51	29.01	.417	37.62	12.10
CROSSOVERS/ALL OTH OUTPTNT		702	22,718.95	32.36	.986	137.69	31.91
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000		
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0					.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	U		.00	.00	.000	.00	.00
ROOM USE	U	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN	2004 THRU D	EC 2004	PAGE 14,207
MOP024	FEE-FOR-SERVICE						03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR MN - SOC -	- FAMILIES AID CODE	5R 6R 37			
							GE
712 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
0.000	2.22	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	369	2,301 \$	744,892.92	\$ 323.73			\$ 1046.20
COMM HOSP INPATIENT TOTAL	57	288	688,757.08	2391.52	.404	12083.46	967.36
HSC HOSPITALS	3	2	1,316.52	658.26	.003	438.84	1.85
NON-HSC HOSPITALS TOTAL	54	286	687,440.56	2403.64	.402	12730.38	965.51
ACCOMMODATIONS	54	286	113,227.22	395.90	.402	2096.80	159.03

ADMINISTRATIVE DAYS 1 18 4,163.40 231.30 .025 4163.40 5.85 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER ACCOM 54 268 109,063.82 406.95 .376 2019.70 153.18 ANCILLARIES 54 0 574,213.34 .00 .000 10633.58 806.48 INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00
ANCILLARIES 54 0 574,213.34 .00 .000 10633.58 806.48 INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00
CONT. HOOD OVERDARITE HORAL
COMM HOSP OUTPATIENT TOTAL 320 2,013 56,135.84 27.89 2.827 175.42 78.84
MEDICAL 122 200 3,958.53 19.79 .281 32.45 5.56
SURGERY 57 62 2,283.65 36.83 .087 40.06 3.21
PATHOLOGY 128 554 5,090.72 9.19 .778 39.77 7.15
RADIOLOGY 136 198 13,468.48 68.02 .278 99.03 18.92
ROOM USE 229 297 8,615.51 29.01 .417 37.62 12.10
CROSSOVERS/ALL OTH OUTPINT 165 702 22,718.95 32.36 .986 137.69 31.91
@STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00
MENTALLY ILL 0 0 0 .00 .00 .00 .00
DEVELOP. DISABLED 0 0 .00 .00 .00 .00 .00
@NURSING FACILITY 0 0 \$.00 \$.00 \$.00 \$.00
LEV A-INTERMEDIATE 0 0 .00 .00 .00 .00 .00
LEV B-REHAB MD 0 0 .00 .00 .00 .00 .00
LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00 .00
LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00 .00
LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00
LEV B-REGULAR 0 0 .00 .00 .00 .00 .00 .00
@INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 \$.00 \$.00
ICF DDH 0 0 .00 .00 .00 .00 .00 .00
ICF DD 0 0 .00 .00 .00 .00 .00 .00
ICF DDN/DDCN 0 0 .00 .00 .00 .00 .00 .00
@HEMODIALYSIS TOTAL 3 105 \$ 6,983.39 \$ 66.51 .147 \$ 2327.80 \$ 9.81
HOSPITAL BASED 0 0 .00 .00 .00 .00 .00 .00
HEMODIALYSIS CENTER 3 105 6,983.39 66.51 .147 2327.80 9.81
@REHABILITATION FACILITY 0 0 \$.00 \$.00 \$.00 \$.00
HOSPITAL BASED 0 0 .00 .00 .00 .00 .00 .00
INDEPENDENT FACILITY 0 0 0 .00 .00 .00 .00 .00 .00
@LABORATORY FACILITY 106 404 \$ 5,331.24 \$ 13.20 .567 \$ 50.29 \$ 7.49
PATHOLOGY 106 404 5,331.24 13.20 .567 50.29 7.49
XO AND OTHERS 0 0 0 .00 .00 .00 .00 .00 .00
@ORGANIZED OUTPATIENT CLINIC 171 275 \$ 25,649.26 \$ 93.27 .386 \$ 150.00 \$ 36.02
CLINIC 10 30 593.25 19.78 .042 59.33 .83
SURGICENTER 6 24 868.90 36.20 .034 144.82 1.22
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00
RURAL HEALTH CLINIC 158 221 24,187.11 109.44 .310 153.08 33.97
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,208
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

----- MONTHLY AVERAGE -----712 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 79 777 \$ 16,865.69 \$ 21.71 1.091 \$ 213.49 \$ 23.69 DURABLE MED. EQUIP. 12 34 1,735.91 51.06 .048 144.66 2.44 0 0 .00 .000 .00 .00 BLOOD BANK .00 0 0 .00 .000 .00 HEARING AID DISPENSERS .00 .000 .829 .00 396.65 MEDICAL TRANSPORTATION 32 590 12,692.73 21.51 17.83 29 .559 230.78 AMBULANCES/AIR TRANS 398 6,692.62 16.82 OTHER TRANS 4 189 1,125.11 5.95 .265 281.28 1.58 4,875.00 1625.00 OTHER SERVICES 3 3 .004 1625.00 6.85 0 ACUPUNCTURE .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

SHASTA COUNTY

ADULT DAY HEALTH CARE CTR	2	3	208.74	69.58	.004	104.3	7	.29
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.0	0	.15
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.0	0	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.0	0	.00
OPTICIAN	15	35	351.93	10.06	.049	23.4	6	.49
PHYSICAL THERAPIST	4	86	1,147.63	13.34	.121	286.9	1	1.61
PORTABLE X-RAY	0	0	.00	.00	.000	.0	0	.00
PROSTHETIST/ORTHOTISTS	3	4	224.68	56.17	.006	74.8	9	.32
PROSTHETICS	3	4	224.68	56.17	.006	74.8	9	.32
ORTHOTICS	0	0	.00	.00	.000	.0	0	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.0	0	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.0	0	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.0	0	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.0	0	.00
LOCAL EDUCATION AGENCIES	12	22	315.36	14.33	.031	26.2	8	. 44
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.0	0	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.0	0	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.0	0	.00
ALL OTHER PROVIDERS	2	2	83.71	41.86	.003	41.8	6	.12
@CALIF. CHILDREN SERVICES*	12	137	\$ 65 , 745.98	\$ 479.90	.192	\$ 5478.8	3 \$	92.34
@XOVER EXCLUDING STATE HOSP**	2	7	\$ 61.53	\$ 8.79	.010	\$ 30.7	7 \$.09

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,209 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

DIIADIA COUNTI	DOMMANT OF DER	VICES FOR MN SOC	IOIAL				
					MOI	NTHLY AVERA	GE
1,495 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,292	20,494 \$	2,299,653.93	\$ 112.21	13.708	\$ 1003.34	\$ 1538.23
@PHYSICIANS SERVICES	801	5 , 237 \$	207,116.21	\$ 39.55	3.503	\$ 258.57	\$ 138.54
OUTPATIENT VISITS	253	320	17,617.89	55.06	.214	69.64	11.78
OFFICE VISITS	109	140	5,047.63	36.05	.094	46.31	3.38
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	146	173	12,361.21	71.45	.116	84.67	8.27
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	18.63	.00	.000	.00	.01
OTHER OUTPATIENT	6	7	190.42	27.20	.005	31.74	.13
INPATIENT VISITS	108	417	21,058.19	50.50	.279	194.98	14.09
HOSPITAL VISITS	105	369	16,520.04	44.77	.247	157.33	11.05
CRITICAL CARE	18	48	4,538.15	94.54	.032	252.12	3.04
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	46.44	23.22	.001	23.22	.03
EXAMINATIONS	2	2	46.44	23.22	.001	23.22	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	91	968	48,998.49	50.62	.647	538.44	32.77
PRINCIPAL SURGEON	70	137	41,001.80	299.28	.092	585.74	27.43
ASSISTANT SURGEON	9	10	1,425.67	142.57	.007	158.41	.95
ANESTHESIOLOGIST	24	821	6,571.02	8.00	.549	273.79	4.40
OUTPATIENT SURGERY	86	1,421	25,843.34	18.19	.951	300.50	17.29
PRINCIPAL SURGEON	73	113	22,762.22	201.44	.076	311.81	15.23
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	19	1,308	3,081.12	2.36	.875	162.16	2.06
DIALYSIS	4	28	1,392.06	49.72	.019	348.02	.93
PATHOLOGY	20	60	1,581.52	26.36	.040	79.08	1.06

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	257	683		37,443.44		54.82	.457		145.69		25.05
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	17	407		25,468.31		62.58	.272		1498.14		17.04
OTHER SERVICES/ALL X-OVERS	333	931		27,666.53		29.72	.623		83.08		18.51
@PHARMACY	907	5,407	\$	577,337.15	\$	106.78	3.617	\$	636.53	\$	386.18
PRESCRIPTION DRUGS	872	4,107		571,335.19		139.11	2.747		655.20		382.16
SNF/ICF	81	755		33,249.25		44.04	.505		410.48		22.24
OUTPATIENTS	791	3 , 352		538,085.94		160.53	2.242		680.26		359.92
MEDICAL SUPPLIES	83	1,300		6,001.96		4.62	.870		72.31		4.01
@DENTIST	202	898	\$	26,490.17	\$	29.50	.601	\$	131.14	\$	17.72
VISITS - DIAGNOSTIC	129	480		3,591.48		7.48	.321		27.84		2.40
ORAL SURGERY	37	118		2,690.20		22.80	.079		72.71		1.80
DRUGS	7	14		145.00		10.36	.009		20.71		.10
ANESTHESIA	6	6		200.00		33.33	.004		33.33		.13
PERIODONTICS	6	6		236.00		39.33	.004		39.33		.16
ENDODONTICS	12	17		3,114.00		183.18	.011		259.50		2.08
RESTORATIVE DENTISTRY	54	188		12,517.00		66.58	.126		231.80		8.37
PROSTHETICS	4	4		88.50		22.13	.003		22.13		.06
DENTURES, STAYPLATES	21	48		3,907.99		81.42	.032		186.09		2.61
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	12	17		.00		.00	.011		.00		.00
#CALIF DEPT OF HEALTH SERV			RES :	MONTH-OF-PAYMENT RI	EPOF	RT FOR JAN	2004 THRU	DEC	2004	P	AGE 14,210
MOP024	FEE-FOR-SERVICE	*									03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR MN - SC)C -	TOTAL							
							M	ONT:	HLY AVERA	GE ·	
1,495 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		FRAGE COST	/	-	COST PER		COST PER
		OR DAYS OF CARE	3			ER UNIT/DAY	-		USER		ELIGIBLE
@OPTOMETRIST	41	112	\$	2,355.27	\$.075	\$	57.45	\$	1.58
DIAGNOSTIC AND ANC. PROCED	21	22		884.48		40.20	.015		42.12		.59

EYE APPLIANCES	30	81		1,341.25		16.56	.054		44.71		.90
OTHER OPTOMETRIC SERVICES	5	9		129.54		14.39	.006		25.91		.09
@CHIROPRACTOR	3	3	\$	50.16	\$	16.72	.002	\$	16.72	\$.03
VISITS	3	3		50.16		16.72	.002		16.72		.03
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4	4	\$	15.31	\$	3.83	.003	\$	3.83	\$.01
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	4	4		15.31		3.83	.003		3.83		.01
@HOME HEALTH AGENCY	10	32	\$	2,307.90	\$	72.12	.021	\$	230.79	\$	1.54
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	3	\$	34.40	\$.002	\$	34.40		.02
@TOTAL HOSPITAL	535	3,869	\$	1,160,134.90	\$	299.85	2.588	\$			776.01
HOSP INPATIENT TOTAL	129	534		1,047,277.12	•	1961.19	.357	•	8118.43	•	700.52
HSC HOSPITALS	10	67		75,593.61		1128.26	.045		7559.36		50.56
NON-HSC HOSPITAL TOTAL	77	467		938,107.25		2008.79	.312		12183.21		627.50
ACCOMMODATIONS	77	467		185,058.84		396.27	.312		2403.36		123.79
ADMINISTRATIVE DAYS	2	30		6,150.45		205.02	.020		3075.23		4.11
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	76	437		178,908.39		409.40	.292		2354.06		119.67
ANCILLARIES	77	0		753,048.41		.00	.000		9779.85		503.71
INPATIENT CROSSOVERS	43	0		33,576.26		.00	.000		780.84		22.46
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	423	3,335		112,857.78		33.84	2.231		266.80		75.49
MEDICAL	153	325		20,143.55		61.98	.217		131.66		13.47
SURGERY	66	74		2,691.39		36.37	.049		40.78		1.80
PATHOLOGY	157	910		9,651.93		10.61	.609		61.48		6.46
RADIOLOGY	164	257		22,634.96		88.07	.172		138.02		15.14
ROOM USE	265	357		11,407.11		31.95	.239		43.05		7.63
	242			46,328.84		32.81			191.44		30.99
CROSSOVERS/ALL OTH OUTPTNT	0	1,412 0	\$	-	\$.00	.944	ċ	.00	ċ	.00
@COUNTY HOSPITAL TOTAL	0		Ą	.00	Ą			ې		Ą	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	~	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES M	IONTH-OF-PAYMENT RE	EPOR'	T FOR JAN	2004 THRU	DEC	2004	PF	AGE 14,211
MOP024	FEE-FOR-SERVICE/DENTA										03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES F	OR MN - S	soc -	TOTAL							
							N	$TM \cap N$	HIV AMERA	CF -	

		OR DAYS OF CARE	7.		PE:	R UNIT/DAY	PER ELIC	:	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	535	3,869	\$	1,160,134.90	\$	299.85	-		2168.48		776.01
COMM HOSP INPATIENT TOTAL	129	534		1,047,277.12		1961.19	.357		8118.43		700.52
HSC HOSPITALS	10	67		75,593.61		1128.26	.045		7559.36		50.56
NON-HSC HOSPITALS TOTAL	77	467		938,107.25		2008.79	.312		12183.21		627.50
ACCOMMODATIONS	77	467		185,058.84		396.27	.312		2403.36		123.79
ADMINISTRATIVE DAYS	2	30		6,150.45		205.02	.020		3075.23		4.11
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	76	437		178,908.39		409.40	.292		2354.06		119.67
ANCILLARIES	77	0		753,048.41		.00	.000		9779.85		503.71
INPATIENT CROSSOVERS	43	0		33,576.26		.00	.000		780.84		22.46
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	423	3,335		112,857.78		33.84	2.231		266.80		75.49
MEDICAL	153	325		20,143.55		61.98	.217		131.66		13.47
SURGERY	66	74		2,691.39		36.37	.049		40.78		1.80
PATHOLOGY	157	910		9,651.93		10.61	.609		61.48		6.46
RADIOLOGY	164	257		22,634.96		88.07	.172		138.02		15.14
ROOM USE	265	357		11,407.11		31.95	.239		43.05		7.63
CROSSOVERS/ALL OTH OUTPTNT	242	1,412		46,328.84		32.81	.944		191.44		30.99
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	92	1,894	\$		\$	113.98		\$	2346.58	\$	144.40
LEV A-INTERMEDIATE	22	414		31,088.12		75.09	.277		1413.10		20.79
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	71	1,480		184,797.05		124.86	.990		2602.78		123.61
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	ć	.00	ć	.00	.000	ċ	.00	Ċ	.00
@HEMODIALYSIS TOTAL	8	112 0	\$	9,236.75	\$	82.47	.075	Ş	1154.59	Ş	6.18
HOSPITAL BASED HEMODIALYSIS CENTER	8	112		.00 9,236.75		.00 82.47	.000 .075		1154.59		.00 6.18
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.073	ċ	.00	ċ	.00
HOSPITAL BASED	0	0	ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	144	747	\$	8,126.89	\$	10.88	.500	Ċ	56.44	Ċ	5.44
PATHOLOGY	138	734	٧	8,017.30	٧	10.92	.491	٧	58.10	٧	5.36
XO AND OTHERS	6	13		109.59		8.43	.009		18.27		.07
@ORGANIZED OUTPATIENT CLINIC	375	610	\$	45,379.84	\$	74.39	.408	Ś	121.01	Ś	30.35
CLINIC	11	31	т	607.01	т	19.58	.021	т	55.18	т	.41
SURGICENTER	12	40		2,563.65		64.09	.027		213.64		1.71
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	•	539		42,209.18							28.23
#CALIF DEPT OF HEALTH SERV				MONTH-OF-PAYMENT RI							AGE 14,212
MOP024	FEE-FOR-SERVICE										03/14/05
	SUMMARY OF SERV	Vices for Mn - so)C -	TOTAL							
							M	ONT	HLY AVERA	GE	
1,495 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AV						COST PER
		OR DAYS OF CARE	C		PE	R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	225	1,566	\$	45,183.81	\$	28.85	1.047	\$	200.82	\$	30.22
DURABLE MED. EQUIP.	33	71		10,782.46		151.87			326.74		7.21
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	3	9		2,595.73	288.41	.006	865.24	1.74
MEDICAL TRANSPORTATION	79	906		18,840.75	20.80	.606	238.49	12.60
AMBULANCES/AIR TRANS	47	489		8,592.44	17.57	.327	182.82	5.75
OTHER TRANS	34	407		2,239.01	5.50	.272	65.85	1.50
OTHER SERVICES	10	10		8,009.30	800.93	.007	800.93	5.36
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	2	3		208.74	69.58	.002	104.37	.14
GENETIC DISEASE TESTING	1	1		105.00	105.00	.001	105.00	.07
IHMC, MODEL-NF, NF, AIDS, MSSP	9	28		4,518.95	161.39	.019	502.11	3.02
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	33	80		859.31	10.74	.054	26.04	.57
PHYSICAL THERAPIST	4	86		1,147.63	13.34	.058	286.91	.77
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	5		238.08	47.62	.003	59.52	.16
PROSTHETICS	4	5		238.08	47.62	.003	59.52	.16
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6		1,394.90	232.48	.004	464.97	.93
HOSPICE SERVICES	2	20		2,659.80	132.99	.013	1329.90	1.78
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	13	25		332.34	13.29	.017	25.56	.22
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	51	326		1,500.12	4.60	.218	29.41	1.00
@CALIF. CHILDREN SERVICES*	12	137	\$	65 , 745.98		.092	\$ 5478.83	43.98
@XOVER EXCLUDING STATE HOSP**	319	2,044	\$	92,642.26	\$ 45.32	1.367	\$ 290.41	\$ 61.97
O# MOMATO TAI MUDOO TIADO ADO CIUD	X	TATEODAGAERTOAT	TENTAL CATEST					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INDUD DITTI THE INCECED	IN THE INTRODUCTION DELINIE BINDS INDOVE.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,213
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13	

SHASIA COUNTI	DOMINANT OF DEIN	VICED FOIL THE HOME	IDIAH CAKE AGED	AID CODE	10		
					MON	ITHLY AVERA	GE
6,204 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	7,100	268,469 \$	20,214,077.06	\$ 75.29	43.274 \$	2847.05	\$ 3258.23
@PHYSICIANS SERVICES	742	1 , 595 \$	19,484.94	\$ 12.22	.257 \$	26.26	\$ 3.14
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
	1	1									.00
PATHOLOGY	0			14.31		14.31	.000		14.31		
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	741	1 , 594		19,470.63		12.21	.257		26.28		3.14
@PHARMACY	5,480	63,651	\$	2,285,800.05	\$	35.91	10.260	\$	417.12	\$	368.44
PRESCRIPTION DRUGS	5,449	43,759		2,262,210.94		51.70	7.053		415.16		364.64
SNF/ICF	5,390	42,903		2,267,337.70		52.85	6.915		420.66		365.46
OUTPATIENTS	94	856		5,126.76CR	>	5.99CR	.138		54.54C	R	.83CR
MEDICAL SUPPLIES	310	19,892		23,589.11	`	1.19	3.206		76.09	LX	3.80
	378	1,063	\$	44,953.00	\$	42.29	.171	ċ	118.92	ċ	7.25
@DENTIST		·	Ş	•	Ş			Ą		Þ	
VISITS - DIAGNOSTIC	334	733		13,360.00		18.23	.118		40.00		2.15
ORAL SURGERY	29	161		5,457.00		33.89	.026		188.17		.88
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		118.00		118.00	.000		118.00		.02
ENDODONTICS	2	7		1,335.00		190.71	.001		667.50		.22
RESTORATIVE DENTISTRY	8	24		2,644.00		110.17	.004		330.50		.43
PROSTHETICS	0	0		.00		.00	.000		.00		.00
	74	134		22,039.00		164.47	.022		297.82		3.55
DENTURES, STAYPLATES	0			-							
SPACE MAINTAINERS	-	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	6	3		.00		.00	.000		.00		.00
"											
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES I	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	004 THRU	DEC	2004	Р	AGE 14,214
			RES I	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	004 THRU	DEC	2004	P	AGE 14,214 03/14/05
MOP024	FEE-FOR-SERVICE	E/DENTAL			EPORT			DEC	2004	P	AGE 14,214 03/14/05
	FEE-FOR-SERVICE				PORT	FOR JAN 2	13				
MOP024 SHASTA COUNTY	FEE-FOR-SERVICE SUMMARY OF SER	E/DENTAL VICES FOR MN - L	ONG '	TERM CARE - AGED		AID CODE	13 M	IONT:	HLY AVERA	GE	03/14/05
MOP024	FEE-FOR-SERVICE	E/DENTAL VICES FOR MN - L UNITS OF SERVIC	ONG '		AVE	AID CODE	13 M UNITS/DAY	IONT:	HLY AVERA COST PER	GE	03/14/05 COST PER
MOP024 SHASTA COUNTY 6,204 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL VICES FOR MN - L UNITS OF SERVIC OR DAYS OF CAR	ONG '	CERM CARE - AGED EXPENDITURES	AVE PER	AID CODE	13 M UNITS/DAY PER ELIG	IONT:	HLY AVERA COST PER USER	GE	03/14/05 COST PER ELIGIBLE
MOP024 SHASTA COUNTY 6,204 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	E/DENTAL VICES FOR MN - L UNITS OF SERVIC OR DAYS OF CAR 241	ONG '	CERM CARE - AGED EXPENDITURES 5,258.89	AVE	AID CODE RAGE COST UNIT/DAY 21.82	13 M UNITS/DAY PER ELIG .039	IONT:	HLY AVERA COST PER USER 57.79	GE	03/14/05 COST PER ELIGIBLE .85
MOP024 SHASTA COUNTY 6,204 ELIGIBLES COPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERV USERS 91 1	E/DENTAL VICES FOR MN - L UNITS OF SERVIC OR DAYS OF CAR 241 1	ONG '	EXPENDITURES 5,258.89 47.45	AVE PER	AID CODE RAGE COST UNIT/DAY 21.82 47.45	13 M UNITS/DAY PER ELIG .039 .000	IONT:	HLY AVERA COST PER USER 57.79 47.45	GE	03/14/05 COST PER ELIGIBLE .85 .01
MOP024 SHASTA COUNTY 6,204 ELIGIBLES COPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 91 1 87	E/DENTAL VICES FOR MN - L UNITS OF SERVIC OR DAYS OF CAR 241 1 231	ONG '	EXPENDITURES 5,258.89 47.45 5,024.78	AVE PER	AID CODE RAGE COST UNIT/DAY 21.82 47.45 21.75	13 M UNITS/DAY PER ELIG .039 .000 .037	IONT:	HLY AVERA COST PER USER 57.79 47.45 57.76	GE	03/14/05 COST PER ELIGIBLE .85 .01 .81
MOP024 SHASTA COUNTY 6,204 ELIGIBLES COPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERV USERS 91 1	E/DENTAL VICES FOR MN - L UNITS OF SERVIC OR DAYS OF CAR 241 1 231 9	ONG '	EXPENDITURES 5,258.89 47.45 5,024.78 186.66	AVE PER \$	AID CODE RAGE COST UNIT/DAY 21.82 47.45 21.75 20.74	13 M UNITS/DAY PER ELIG .039 .000	IONT:	HLY AVERA COST PER USER 57.79 47.45 57.76 31.11	GE \$	03/14/05 COST PER ELIGIBLE .85 .01
MOP024 SHASTA COUNTY 6,204 ELIGIBLES COPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 1 87 6 0	E/DENTAL VICES FOR MN - L UNITS OF SERVIC OR DAYS OF CAR 241 1 231	ONG '	EXPENDITURES 5,258.89 47.45 5,024.78	AVE PER	AID CODE RAGE COST UNIT/DAY 21.82 47.45 21.75	13 M UNITS/DAY PER ELIG .039 .000 .037	IONT: S \$	HLY AVERA COST PER USER 57.79 47.45 57.76	GE \$	03/14/05 COST PER ELIGIBLE .85 .01 .81
MOP024 SHASTA COUNTY 6,204 ELIGIBLES COPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 91 1 87	E/DENTAL VICES FOR MN - L UNITS OF SERVIC OR DAYS OF CAR 241 1 231 9	ONG '	EXPENDITURES 5,258.89 47.45 5,024.78 186.66	AVE PER \$	AID CODE RAGE COST UNIT/DAY 21.82 47.45 21.75 20.74	13 M UNITS/DAY PER ELIG .039 .000 .037 .001	IONT: S \$	HLY AVERA COST PER USER 57.79 47.45 57.76 31.11	GE \$	03/14/05 COST PER ELIGIBLE .85 .01 .81
MOP024 SHASTA COUNTY 6,204 ELIGIBLES COPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES CHIROPRACTOR VISITS	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 1 87 6 0	E/DENTAL VICES FOR MN - L UNITS OF SERVIC OR DAYS OF CAR 241 1 231 9 0	ONG '	EXPENDITURES 5,258.89 47.45 5,024.78 186.66 .00 .00	AVE PER \$	AID CODE RAGE COST UNIT/DAY 21.82 47.45 21.75 20.74 .00 .00	13 M UNITS/DAY PER ELIG .039 .000 .037 .001 .000	IONT: S \$	HLY AVERA COST PER USER 57.79 47.45 57.76 31.11 .00 .00	GE \$	03/14/05
MOP024 SHASTA COUNTY 6,204 ELIGIBLES COPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 1 87 6 0 0 0	E/DENTAL VICES FOR MN - L UNITS OF SERVIC OR DAYS OF CAR 241 1 231 9 0 0 0	ONG '	EXPENDITURES 5,258.89 47.45 5,024.78 186.66 .00 .00 .00	AVE PEF \$	AID CODE RAGE COST UNIT/DAY 21.82 47.45 21.75 20.74 .00 .00 .00	13 M UNITS/DAY PER ELIG .039 .000 .037 .001 .000 .000	IONT: S \$ \$	HLY AVERA COST PER USER 57.79 47.45 57.76 31.11 .00 .00	GE \$	03/14/05
MOP024 SHASTA COUNTY 6,204 ELIGIBLES COPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES CHIROPRACTOR VISITS OTHER SERVICES CPODIATRIST	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 1 87 6 0 0 0 306	E/DENTAL VICES FOR MN - L UNITS OF SERVIC OR DAYS OF CAR 241 1 231 9 0 0 377	ONG '	EXPENDITURES 5,258.89 47.45 5,024.78 186.66 .00 .00 .00 2,149.27	AVE PER \$	AID CODE RAGE COST UNIT/DAY 21.82 47.45 21.75 20.74 .00 .00 .00 5.70	13 M UNITS/DAY PER ELIG .039 .000 .037 .001 .000 .000	IONT: S \$ \$	HLY AVERA COST PER USER 57.79 47.45 57.76 31.11 .00 .00 .00	GE \$	03/14/05
MOP024 SHASTA COUNTY 6,204 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 1 87 6 0 0 0 306 0	E/DENTAL VICES FOR MN - L UNITS OF SERVIC OR DAYS OF CAR 241 1 231 9 0 0 0 377 0	ONG '	EXPENDITURES 5,258.89 47.45 5,024.78 186.66 .00 .00 .00 2,149.27 .00	AVE PEF \$	AID CODE RAGE COST UNIT/DAY 21.82 47.45 21.75 20.74 .00 .00 .00 5.70 .00	13 M UNITS/DAY PER ELIG .039 .000 .037 .001 .000 .000 .000	IONT: S \$ \$	HLY AVERA COST PER USER 57.79 47.45 57.76 31.11 .00 .00 .00 7.02	GE \$	03/14/05
MOP024 SHASTA COUNTY 6,204 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 1 87 6 0 0 0 306 0 0	E/DENTAL VICES FOR MN - L UNITS OF SERVIC OR DAYS OF CAR 241 1 231 9 0 0 0 377 0 0	ONG '	EXPENDITURES 5,258.89 47.45 5,024.78 186.66 .00 .00 .00 2,149.27 .00 .00	AVE PEF \$	AID CODE RAGE COST UNIT/DAY 21.82 47.45 21.75 20.74 .00 .00 .00 5.70 .00 .00	13 M UNITS/DAY PER ELIG .039 .000 .037 .001 .000 .000 .000	IONT: S \$ \$	HLY AVERA COST PER USER 57.79 47.45 57.76 31.11 .00 .00 .00 7.02 .00	GE \$	03/14/05
MOP024 SHASTA COUNTY 6,204 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 1 87 6 0 0 0 306 0 0 0	E/DENTAL VICES FOR MN - L UNITS OF SERVIC OR DAYS OF CAR 241 1 231 9 0 0 377 0 0 0	ONG '	EXPENDITURES 5,258.89 47.45 5,024.78 186.66 .00 .00 .00 2,149.27 .00 .00 .00	AVE PEF \$	AID CODE RAGE COST UNIT/DAY 21.82 47.45 21.75 20.74 .00 .00 .00 .00 5.70 .00 .00 .00	13 M UNITS/DAY PER ELIG .039 .000 .037 .001 .000 .000 .000 .000	IONT: S \$ \$	HLY AVERA COST PER USER 57.79 47.45 57.76 31.11 .00 .00 .00 7.02 .00 .00	GE \$	03/14/05
MOP024 SHASTA COUNTY 6,204 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 1 87 6 0 0 0 0 306 0 0 306 0 306	E/DENTAL VICES FOR MN - L UNITS OF SERVIC OR DAYS OF CAR 241 1 231 9 0 0 377 0 0 377	ONG S	EXPENDITURES 5,258.89 47.45 5,024.78 186.66 .00 .00 .00 2,149.27 .00 .00 .00 2,149.27	AVE PEF \$	AID CODE RAGE COST UNIT/DAY 21.82 47.45 21.75 20.74 .00 .00 .00 5.70 .00 .00 .00 .00	13 M UNITS/DAY PER ELIG .039 .000 .037 .001 .000 .000 .000 .000 .000	IONT;	HLY AVERA COST PER USER 57.79 47.45 57.76 31.11 .00 .00 .00 .00 .00 7.02 .00 .00 .00 .00 .00	GE \$ \$	03/14/05
MOP024 SHASTA COUNTY 6,204 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 1 87 6 0 0 0 0 306 0 0 306 0 0 306	E/DENTAL VICES FOR MN - L UNITS OF SERVIC OR DAYS OF CAR 241 1 231 9 0 0 377 0 0 377 0	ONG SEES	EXPENDITURES 5,258.89 47.45 5,024.78 186.66 .00 .00 .00 2,149.27 .00 .00 2,149.27 .00 .00	AVE PEF \$ \$	AID CODE RAGE COST UNIT/DAY 21.82 47.45 21.75 20.74 .00 .00 .00 .00 5.70 .00 .00 .00 .00	13 M UNITS/DAY PER ELIG .039 .000 .037 .001 .000 .000 .000 .000 .000 .000 .00	IONT:	HLY AVERA COST PER USER 57.79 47.45 57.76 31.11 .00 .00 .00 .00 7.02 .00 .00 .00 .00 .00 .00	G S S S S	03/14/05 COST PER ELIGIBLE
MOP024 SHASTA COUNTY 6,204 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVI	E/DENTAL VICES FOR MN - L UNITS OF SERVIC OR DAYS OF CAR 241 1 231 9 0 0 377 0 0 377	ONG S	EXPENDITURES 5,258.89 47.45 5,024.78 186.66 .00 .00 2,149.27 .00 .00 2,149.27 .00 10.78	AVE PEF \$	AID CODE RAGE COST UNIT/DAY 21.82 47.45 21.75 20.74 .00 .00 .00 5.70 .00 .00 5.70 .00 .00 5.70 .00 5.70	13 M UNITS/DAY PER ELIG .039 .000 .037 .001 .000 .000 .000 .000 .000 .000 .00	IONT;	HLY AVERA COST PER USER 57.79 47.45 57.76 31.11 .00 .00 .00 .00 7.02 .00 .00 7.02 .00 .00 5.39	GE \$ \$	03/14/05 COST PER ELIGIBLE
MOP024 SHASTA COUNTY 6,204 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 1 87 6 0 0 0 0 306 0 0 306 0 0 306	E/DENTAL VICES FOR MN - L UNITS OF SERVIC OR DAYS OF CAR 241 1 231 9 0 0 377 0 0 377 0	ONG SEEES	EXPENDITURES 5,258.89 47.45 5,024.78 186.66 .00 .00 .00 2,149.27 .00 .00 2,149.27 .00 .00	AVE PEF \$ \$	AID CODE RAGE COST UNIT/DAY 21.82 47.45 21.75 20.74 .00 .00 .00 .00 5.70 .00 .00 .00 .00	13 M UNITS/DAY PER ELIG .039 .000 .037 .001 .000 .000 .000 .000 .000 .000 .00	IONT:	HLY AVERA COST PER USER 57.79 47.45 57.76 31.11 .00 .00 .00 .00 7.02 .00 .00 .00 .00 .00 .00	G S S S S	03/14/05 COST PER ELIGIBLE
MOP024 SHASTA COUNTY 6,204 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVI	E/DENTAL VICES FOR MN - L UNITS OF SERVIC OR DAYS OF CAR 241 1 231 9 0 0 377 0 0 377 0 2	ONG SEEES	EXPENDITURES 5,258.89 47.45 5,024.78 186.66 .00 .00 2,149.27 .00 .00 2,149.27 .00 10.78	AVE PEF \$ \$	AID CODE RAGE COST UNIT/DAY 21.82 47.45 21.75 20.74 .00 .00 .00 5.70 .00 .00 5.70 .00 .00 5.70 .00 5.70	13 M UNITS/DAY PER ELIG .039 .000 .037 .001 .000 .000 .000 .000 .000 .000 .00	MONT;	HLY AVERA COST PER USER 57.79 47.45 57.76 31.11 .00 .00 .00 .00 7.02 .00 .00 7.02 .00 5.39 .00	E	03/14/05 COST PER ELIGIBLE
MOP024 SHASTA COUNTY 6,204 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVI	E/DENTAL VICES FOR MN - L UNITS OF SERVIC OR DAYS OF CAR 241 1 231 9 0 0 377 0 0 377 0 2 0	ONG SEEES SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	EXPENDITURES 5,258.89 47.45 5,024.78 186.66 .00 .00 .00 2,149.27 .00 .00 2,149.27 .00 10.78 .00 .00	AVE PEF \$ \$	AID CODE RAGE COST UNIT/DAY 21.82 47.45 21.75 20.74 .00 .00 .00 5.70 .00 .00 5.70 .00 .00 5.70 .00 .00 5.70 .00 .00	13 M UNITS/DAY PER ELIG .039 .000 .037 .001 .000 .000 .000 .000 .001 .000 .000 .000 .000 .000 .000 .000	MONT;	HLY AVERA COST PER USER 57.79 47.45 57.76 31.11 .00 .00 .00 .00 7.02 .00 .00 .00 7.02 .00 .00 .00 .00 .00 .00 .00 .00 .00	E	03/14/05 COST PER ELIGIBLE
MOP024 SHASTA COUNTY 6,204 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVI	E/DENTAL VICES FOR MN - LE VICES FOR DAYS OF CAR 241 1 231 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ONG SEEES	EXPENDITURES 5,258.89 47.45 5,024.78 186.66 .00 .00 .00 2,149.27 .00 .00 2,149.27 .00 10.78 .00 .00 .00 .00	AVE PEF \$ \$	AID CODE RAGE COST UNIT/DAY 21.82 47.45 21.75 20.74 .00 .00 .00 5.70 .00 .00 5.70 .00 .00 5.70 .00 .00 5.70 .00 .00 5.70 .00 .00	13 M UNITS/DAY PER ELIG .039 .000 .037 .001 .000 .000 .000 .001 .000 .000 .00	ONT: SS SS	HLY AVERA COST PER USER 57.79 47.45 57.76 31.11 .00 .00 .00 7.02 .00 .00 .00 7.02 .00 .00 .00 .00 .00 .00 .00 .00 .00	E ଡ ଜ ଜ ଜ ଜନ୍ନନ୍ଦ	03/14/05 COST PER ELIGIBLE
MOP024 SHASTA COUNTY 6,204 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVI	E/DENTAL VICES FOR MN - LE VICES FOR DAYS OF CAR 241 1 231 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ONG SEE SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	EXPENDITURES 5,258.89 47.45 5,024.78 186.66 .00 .00 .00 2,149.27 .00 .00 2,149.27 .00 .00 2,149.27 .00 .00 59,291.78	AVEF S S S SSSSS	AID CODE RAGE COST UNIT/DAY 21.82 47.45 21.75 20.74 .00 .00 .00 5.70 .00 .00 5.70 .00 .00 5.70 .00 .00 5.70 .00 .00 5.70 .00 .00 5.70 .00 5.70 .00 5.70 .00 5.70 .00 5.70 .00 5.70	13 M UNITS/DAY PER ELIG .039 .000 .037 .001 .000 .000 .000 .001 .000 .000 .00	MONT: SS SS	HLY AVERA COST PER USER 57.79 47.45 57.76 31.11 .00 .00 .00 7.02 .00 .00 .00 7.02 .00 .00 .00 .00 389.08	E ଡ ଜ ଜ ଜ ଜନ୍ନନ୍ଦ	03/14/05 COST PER ELIGIBLE
MOP024 SHASTA COUNTY 6,204 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVI	E/DENTAL VICES FOR MN - LE VICES FOR DAYS OF CAR 241 1 231 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ONG SEE SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	EXPENDITURES 5,258.89 47.45 5,024.78 186.66 .00 .00 .00 2,149.27 .00 .00 2,149.27 .00 10.78 .00 .00 .00 .00	AVEF S S S SSSSS	AID CODE RAGE COST UNIT/DAY 21.82 47.45 21.75 20.74 .00 .00 .00 5.70 .00 .00 5.70 .00 .00 5.70 .00 .00 5.70 .00 .00 5.70 .00 .00	13 M UNITS/DAY PER ELIG .039 .000 .037 .001 .000 .000 .000 .001 .000 .000 .00	ONT: SS SS	HLY AVERA COST PER USER 57.79 47.45 57.76 31.11 .00 .00 .00 7.02 .00 .00 .00 7.02 .00 .00 .00 .00 .00 .00 .00 .00 .00	E ଡ ଜ ଜ ଜ ଜନ୍ନନ୍ଦ	03/14/05 COST PER ELIGIBLE

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	62	0	50,471.48	.00	.000	814.06	8.14
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	96	392	8,820.30	22.50	.063	91.88	1.42
MEDICAL	1	1	18.21	18.21	.000	18.21	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	28.00	9.33	.000	28.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.00	33.00	.000	33.00	.01
CROSSOVERS/ALL OTH OUTPINT	95	387	8,741.09	22.59	.062	92.01	1.41
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,215 03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

SHASTA COUNTY

SHASTA COUNTY	SUMMARY OF SERV	TCES FOR MN - LO	NG	TERM CARE - AGED		AID CODE	1.3				
5111.6111	SOLUTION OF SERV		2110	TERU CINCE TIGED		TILD CODE	M	ОИТ	HIY AVERA	GE.	
6,204 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	Δ171	RACE COST	UNITS/DAY				COST PER
0,204 EDIGIDEES	OSEKS	OR DAYS OF CARE		EXFENDITORES			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1 5 6	392	\$	59,291.78		151.25					
	120		Ş		Ş		.063	Ş		Ş	
COMM HOSP INPATIENT TOTAL		0		50,471.48		.00	.000		814.06		8.14
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0 0 0 0 0 0 0 0 0 392		.00 .00 50,471.48 .00 8.820.30		.00	.000		.00		.00
INPATIENT CROSSOVERS	62	0		50,471.48		.00	.000		814.06		8.14
ALL OTHER INPATIENT	0 96	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	96	392		8,820.30		22.50	.063				1.42
MEDICAL	1	1		18.21		18.21	.000		91.88 18.21		.00
SURGERY				.00		.00	.000		.00		.00
PATHOLOGY	1	3		28.00		9.33	.000		28.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	1	1		33.00		33.00	.000		33.00		.01
ROOM USE	95	0 3 0 1 387									1.41
CROSSOVERS/ALL OTH OUTPINT	95	387	<u> </u>	8,741.09	<u> </u>	22.59	.062	<u> </u>	92.01	<u> </u>	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	5,444	163 , 858	\$	17,096,542.40	\$	104.34		\$	3140.44	\$	
LEV A-INTERMEDIATE	0 0 0 5,444 422 12	10,618		751,648.15		70.79 106.11	1.711		1781.16		121.16
LEV B-REHAB MD	12	366		38,835.12		106.11	.059		3236.26		6.26
LEV B-SUBACUTE FREESTANDING	11	361		130,726.87		362.12	.058		11884.26		21.07
LEV B-SUBACUTE HSPTL BASED	0 0 5,015 100	152,513 2,996		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5,015	152,513		16,175,332.26		106.06	24.583		3225.39		2607.24
@INTERMEDIATE CARE FACILDD	100	2 , 996	\$	480,073.12	\$	160.24	.483	\$	4800.73	\$	77.38
	73	2,192		318,990.61		145.52	.353		4369.73	•	51.42
TCF DD	0	0		.00		.00	.000		.00		.00
ICE DDN/DDCN	27	804		161,082.51		200.35	.130		5966.02		25.96
GHEMODIALVSIS TOTAL	37	53	\$	25,298.58	Ś	477.33		¢	683.75	Ś	4.08
UOCDITAI DACED	5 /	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED	37	53		25 , 298.58		477.33	.009		683.75		4.08
DEMODIALISIS CENTER	37	0	Ś		\$.00	.009	ċ	.00	ċ	.00
GREHABILITATION FACILITY	0 0 0 36	0	Ş	.00	Ş			Ş		Ş	
HOSPITAL BASED	U	•		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	36	65	\$	787.41	Ş	12.11	.010	Ş	21.87	Ş	.13
PATHOLOGY	/	19		368.43		19.39	.003		52.63		.06
XO AND OTHERS	29 480	46		418.98		9.11	.007		14.45		.07
@ORGANIZED OUTPATIENT CLINIC		942	\$	29 , 592.74	\$	31.41	.152	\$	61.65	\$	4.77
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	18	31		4,467.19		144.10	.005		248.18		.72
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	18 0 462	911		25,125.55		27.58	.147		54.38		4.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		RES	MONTH-OF-PAYMENT R	EPORT			DEC		Р	AGE 14,216
MOP024	FEE-FOR-SERVICE		-					_		_	03/14/05
2112 222 22111211			227.0	BEDM CARE ACER		3.70 0000	1.0				10, 11, 00

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

HEARING AID DISPENSERS 49 78 13,627.42 174.71 .013 278.11 2.20	6,204 ELIGIBLES	USERS	INTER OF SERVICE	_							
@ALL OTHER PROVIDERS 1,129 33,234 \$ 164,834.10 \$ 4.96 5.357 \$ 146.00 \$ 26.57 DURABLE MED. EQUIP. 24 300 13,094.09 43.65 .048 545.59 2.12 BLOOD BANK 0 0 .00 .00 .00 .00 .00 HEARING AID DISPENSERS 49 78 13,627.42 174.71 .013 278.11 2.20			ONTID OF SERVIC	CE	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER	COST	PER
DURABLE MED. EQUIP. 24 300 13,094.09 43.65 .048 545.59 2.12 BLOOD BANK 0 0 .00 .00 .00 .00 .00 HEARING AID DISPENSERS 49 78 13,627.42 174.71 .013 278.11 2.20			OR DAYS OF CAR	RE		PER	UNIT/DAY	PER ELIG	USER	ELIGI	BLE
BLOOD BANK 0 0 0 .00 .00 .00 .00 .00 HEARING AID DISPENSERS 49 78 13,627.42 174.71 .013 278.11 2.20	ALL OTHER PROVIDERS	1,129	33,234	\$	164,834.10	\$	4.96	5.357	\$ 146.00	\$ 26	5.57
HEARING AID DISPENSERS 49 78 13,627.42 174.71 .013 278.11 2.20	DURABLE MED. EQUIP.	24	300		13,094.09		43.65	.048	545.59	2	2.11
· · · · · · · · · · · · · · · · · · ·	BLOOD BANK	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION 822 19.544 92.414.72 4.73 3.150 112.43 14.90	HEARING AID DISPENSERS	49	78		13,627.42		174.71	.013	278.11	2	2.20
1100 1100 1100 1100 1100	MEDICAL TRANSPORTATION	822	19,544		92,414.72		4.73	3.150	112.43	14	.90
AMBULANCES/AIR TRANS 12 15 391.51 26.10 .002 32.63 .00	AMBULANCES/AIR TRANS	12	15		391.51		26.10	.002	32.63		.06
OTHER TRANS 811 19,431 91,382.49 4.70 3.132 112.68 14.73	OTHER TRANS	811	19,431		91,382.49		4.70	3.132	112.68	14	1.73
OTHER SERVICES 55 98 640.72 6.54 .016 11.65 .10	OTHER SERVICES	55	98		640.72		6.54	.016	11.65		.10
ACUPUNCTURE 0 0 0 .00 .00 .00 .00 .00 .00	ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR 8 97 6,770.14 69.80 .016 846.27 1.09	ADULT DAY HEALTH CARE CTR	8	97		6,770.14		69.80	.016	846.27	1	09
GENETIC DISEASE TESTING 0 0 .00 .00 .00 .00 .00 .00	GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC,MODEL-NF,NF,AIDS,MSSP 0 0 .00 .00 .00 .00 .00 .00	IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00 .00 .00 .00	OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
	OPTICIAN		197		2,489.32		12.64	.032	27.06		.40
PHYSICAL THERAPIST 0 0 .00 .00 .00 .00 .00 .00	PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY 23 51 57.78 1.13 .008 2.51 .01	PORTABLE X-RAY	23	51		57.78		1.13	.008	2.51		.01
PROSTHETIST/ORTHOTISTS 10 28 810.52 28.95 .005 81.05 .13	PROSTHETIST/ORTHOTISTS	10	28		810.52		28.95	.005	81.05		.13
PROSTHETICS 10 28 810.52 28.95 .005 81.05 .13	PROSTHETICS	10	28		810.52		28.95	.005	81.05		.13
ORTHOTICS 0 0 .00 .00 .00 .00 .00 .00 .00	ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST 0 0 .00 .00 .00 .00 .00 .00 .00	PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
•	SPEECH AND AUDIOLOGY	12									.43
HOSPICE SERVICES 5 193 23,519.58 121.86 .031 4703.92 3.79	HOSPICE SERVICES	5	193		23,519.58		121.86	.031	4703.92	3	3.79
NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 .00	NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00 .00 .00 .00	LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
	EPSDT SUPPLEMENTAL SERVICE	0	0				.00		.00		.00
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00 .00 .00 .00	RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00	PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS 185 12,724 9,353.29 .74 2.051 50.56 1.55	ALL OTHER PROVIDERS	185	12,724		9,353.29		.74	2.051	50.56	1	51
@CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00 \$.00	CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP** 1,725 20,741 \$ 420,557.69 \$ 20.28 3.343 \$ 243.80 \$ 67.79		•	-	\$		\$	20.28	3.343	\$ 243.80	\$ 67	.79

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,217 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SHASTA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

DIMIDIM COUNTY	DOLLINICE OF DELICE	TCHO IOIC	T.TIA	ПОТИС	, 111111	CIIII	DHIND		TITD CODE	23				
										M	INC	THLY AVERA	.GE	
07 ELIGIBLES	USERS	UNITS OF	SERV	ICE		EXPEND:	ITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF C	ARE				PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	6		501	\$		17,9	923.15	\$	35.77	71.571	\$	2987.19	\$	2560.45
@PHYSICIANS SERVICES	2		2	\$			22.53	\$	11.27	.286	\$	11.27	\$	3.22
OUTPATIENT VISITS	0		0				.00		.00	.000		.00		.00
OFFICE VISITS	0		0				.00		.00	.000		.00		.00
HOME VISITS	0		0				.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0				.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0				.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0				.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0				.00		.00	.000		.00		.00
INPATIENT VISITS	0		0				.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0				.00		.00	.000		.00		.00
CRITICAL CARE	0		0				.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0				.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0				.00		.00	.000		.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

T	0	<u> </u>		0.0		0.0	0.00		0.0		0.0
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
	0	0									
ANESTHESIOLOGIST	•	0		.00		.00	.000		.00		.00
DIALYSIS	0	Ü		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2	2		22.53		11.27	.286		11.27		3.22
@PHARMACY	_ 3	22	\$	1,485.24	\$	67.51	3.143	\$ 4	495.08	Ś	212.18
PRESCRIPTION DRUGS	3	22	Ψ	1,485.24	7	67.51	3.143		495.08	Υ	212.18
	3										
SNF/ICF	3	22		1,485.24		67.51	3.143	4	495.08		212.18
OUTPATIENTS	O	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
	· ·	0									
ENDODONTICS	0	U		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	O	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	MEDI GAI GEDIATA	ŭ	DEG :					NEG 00		Г.	
#CALIF DEPT OF HEALTH SERV			KES I	MONTH-OF-PAYMENT R	EPOR.	r for Jan 2	2004 THRU I	DEC 20	104	Ρ.	AGE 14,218
MOP024	FEE-FOR-SERVIC										03/14/05
SHASTA COUNTY	SUMMARY OF SER	VICES FOR MN - LO	ONG '	TERM CARE - BLIND		AID CODE	23				
							MO			GE	
07 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	S COS	3T PER		COST PER
		OR DAYS OF CAR	E		PEI	R UNIT/DAY	PER ELIG	Ţ	JSER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	'	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
	•										
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0							.00		
			<u>^</u>	.00	~	.00	.000	Ċ		ċ	.00
@HOME HEALTH AGENCY	0	0	\$.00	Ş	.00	.000	\$.00		.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00

NURSE MIDWIFE	0	0 \$.00	\$.(.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.000		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.(.000		\$.00
@TOTAL HOSPITAL	1	0 \$	876.00		.000			125.14
HOSP INPATIENT TOTAL	_ 1	0	876.00		.000			125.14
HSC HOSPITALS	0	0	.00		.000			.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.000			.00
ACCOMMODATIONS	0	0	.00		000 .000			.00
ADMINISTRATIVE DAYS	0	0	.00		000 .000			.00
TRANSITIONAL IP CARE	0	0	.00		.000			.00
ALL OTHER ACCOM	0	0	.00		.000			.00
ANCILLARIES	0	0	.00		.000			.00
INPATIENT CROSSOVERS	1	0	876.00		.000			125.14
ALL OTHER INPATIENT	1	0	.00		.000			.00
	0	0						
HOSP OUTPATIENT TOTAL	0	0	.00		.000			.00
MEDICAL	0	0	.00		.000			.00
SURGERY	0	0	.00		.000			
PATHOLOGY	0	0	.00		.000			.00
RADIOLOGY	U	Ü	.00		.000			.00
ROOM USE	U	U	.00		.000			.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.000			.00
@COUNTY HOSPITAL TOTAL	0	0 \$.000		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.000			.00
HSC HOSPITALS	0	0	.00		.000			.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.000			.00
ACCOMMODATIONS	0	0	.00		.000			.00
ADMINISTRATIVE DAYS	0	0	.00		.000			.00
TRANSITIONAL IP CARE	0	0	.00		.000			.00
ALL OTHER ACCOM	0	0	.00	. (.000			.00
ANCILLARIES	0	0	.00	. (.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	. (.000			.00
ALL OTHER INPATIENT	0	0	.00	. (.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	. (.000	.00		.00
MEDICAL	0	0	.00	. (.000	.00		.00
SURGERY	0	0	.00	. (.000	.00		.00
PATHOLOGY	0	0	.00	. (.000	.00		.00
RADIOLOGY	0	0	.00	. (.000	.00		.00
ROOM USE	0	0	.00	. (.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	. (.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	S MONTH-OF-PAYMENT H	REPORT FOR	JAN 2004 THRU	DEC 2004	E	PAGE 14,219
MOP024	FEE-FOR-SERVICE,	DENTAL						03/14/05
SHASTA COUNTY	SUMMARY OF SERV	CES FOR MN - LONG	TERM CARE - BLIND	AID (CODE 23			
						MONTHLY AVER	AGE	
07 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE (COST UNITS/DA	YS COST PER		COST PER
		OR DAYS OF CARE		PER UNIT	DAY PER ELI	G USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	0 \$	876.00	\$.(.000	\$ 876.00	\$	125.14
COMM HOSP INPATIENT TOTAL	1	0	876.00	. (.000	876.00		
HSC HOSPITALS	0	0	.00	. (.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	. (.000	.00		.00
ACCOMMODATIONS	0	0	.00	. (.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	. (.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.000			.00
ALL OTHER ACCOM	0	0	.00		.000			.00
ANCILLARIES	0	0	.00		.000			.00
INPATIENT CROSSOVERS	1	0	876.00		.000			125.14
ALL OTHER INPATIENT	0	0	.00		.000			.00
	9	•	• 0 0	• `	.000	• • •		• • •

COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3	91	\$ 9,502.40	\$ 104.42	13.000	\$ 3167.47	\$ 1357.49
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3	91	9,502.40	104.42	13.000	3167.47	1357.49
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	7	\$ 3,493.28	\$ 499.04	1.000	\$ 582.21	\$ 499.04
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	7	3,493.28	499.04	1.000	582.21	499.04
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

 SURGICENTER
 0
 0
 .00
 .00
 .00
 .00
 .00

 HEROIN DETOX CLINIC
 0
 0
 .00
 .00
 .00
 .00
 .00
 .00

 RURAL HEALTH CLINIC
 0
 0
 .00
 .00
 .00
 .00
 .00
 .00
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,220 MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23 03/14/05

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,221 MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63 03/14/05

----- MONTHLY AVERAGE -----1,376 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	31	186		8,984.19		48.30	.135		289.81		6.53
HOSPITAL VISITS	14	138		4,544.02		32.93	.100		324.57		3.30
CRITICAL CARE	2	25		4,018.34		160.73	.018		2009.17		2.92
SNF/ICF/TRANS IP CARE	16	23		421.83		18.34	.017		26.36		.31
OPHTHALMOLOGICAL SERVICES	3	3		132.74		44.25	.002		44.25		.10
EXAMINATIONS	3	3		132.74		44.25	.002		44.25		.10
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	5	5		1,067.58		213.52	.004		213.52		.78
PRINCIPAL SURGEON	3	4		949.56		237.39	.003		316.52		.69
ASSISTANT SURGEON	1	1		118.02		118.02	.001		118.02		.09
ANESTHESIOLOGIST	1	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	9	214		2,122.24		0 00	.156		235.80		1.54
PRINCIPAL SURGEON	3	4		830.35		207.59	.003		276.78		.60
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	6	210		1,291.89		6.15	.153		215.32		.94
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	7	32		429.89		13.43	.023		61.41		.31
RADIOLOGY	0	0				.00			.00		
PSYCHIATRY	0	0		.00			.000				.00
IMMUNIZATION AND INJECTION				.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	186	396		3,979.29		10.05	.288		21.39		2.89
@PHARMACY	1,302 1,295	48,660	\$		\$		35.363	\$		Ş	562.93
PRESCRIPTION DRUGS		9,648		759,909.45			7.012		586.80		552.26
SNF/ICF	1,255	9,136		721,655.58		78.99	6.640		575.02		524.46
OUTPATIENTS	104	512		38,253.87		74.71	.372		367.83		27.80
MEDICAL SUPPLIES		39,012		14,685.73		.38	28.352		99.23		10.67
@DENTIST	45	188	\$	11,148.00			.137	\$		\$	8.10
VISITS - DIAGNOSTIC	38	116		2,155.00		18.58	.084		56.71		1.57
ORAL SURGERY	7	14		845.00		60.36	.010		120.71		.61
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	6	6		400.00		66.67	.004		66.67		.29
PERIODONTICS	5	5		590.00		118.00	.004		118.00		.43
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	8	33		1,758.00		53.27	.024		219.75		1.28
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	7	13		5,400.00		415.38	.009		771.43		3.92
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO		ES I	MONTH-OF-PAYMENT RE	EPORT			DEC		PΖ	AGE 14,222
MOP024	FEE-FOR-SERVICE								2001		03/14/05
SHASTA COUNTY			NG '	TERM CARE - DISABLE	ED	AID CODE	63				03/11/03
DIMIDIM COUNTY	DOIMMIN OF BEIN	VICES FOR THE	/110		טט	MID CODE	M	חתת	HIV AMERA	CF -	
1,376 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Z 17 E	RACE COST	UNITS/DAY		COST PER		COST PER
1,370 EDIGIBLES	OSEKS	OR DAYS OF CARE		EXFENDITORES			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	33	OR DAIS OF CARE	\$	1,632.59	\$	19.44	.061		49.47		1.19
-	33 4		Ą		ş			Ą		Ą	
DIAGNOSTIC AND ANC. PROCED		5		189.80		37.96	.004		47.45		.14
EYE APPLIANCES	24 7	68		1,155.97		17.00	.049		48.17		.84
OTHER OPTOMETRIC SERVICES		11	ċ	286.82	Ċ	26.07	.008	ċ	40.97	ċ	.21
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Þ	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0	ć	.00	Ċ	.00	.000	ć	.00	Ċ	.00
@PODIATRIST	7	8	\$	119.71	\$	14.96	.006	Ş	17.10	Ş	.09

MEDICINE/INJECTIONS	1	1		24.00		24.00	.001	24.00		.02
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	6	7		95.71		13.67	.005	15.95		.07
@HOME HEALTH AGENCY	1	29	5	2,063.18	\$	71.14		\$ 2063.18	Ś	1.50
NURSE ANESTHESIST	0		3	.00	\$.00		\$.00		.00
NURSE MIDWIFE	0	0 \$	5	.00	Ś	.00		\$.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0 5	5	.00	Ś	.00		\$.00		.00
FAMILY NURSE PRACTITIONER	0	0 3	5	.00	\$.00		\$.00		.00
@TOTAL HOSPITAL	92	499		116,405.96	\$			\$ 1265.28		84.60
HOSP INPATIENT TOTAL	21	177	7	108,662.79	Y	613.91	.129	5174.42	Y	78.97
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	8	177		98,338.11		555.58	.129	12292.26		71.47
ACCOMMODATIONS	8	177		42,747.00		241.51	.129	5343.38		31.07
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	8	177		42,747.00		241.51	.129	5343.38		31.07
ANCILLARIES	8	0		55,591.11		.00	.000	6948.89		40.40
	13	0		10,324.68		.00	.000	794.21		7.50
INPATIENT CROSSOVERS	0	0		.00		.00		.00		.00
ALL OTHER INPATIENT	72	322					.000			5.63
HOSP OUTPATIENT TOTAL MEDICAL	3	322		7,743.17 57.03		24.05 19.01	.234	107.54 19.01		.04
	3 4	4								
SURGERY	6	28		207.15 353.45		51.79 12.62	.003 .020	51.79 58.91		.15 .26
PATHOLOGY	0	0		.00		.00		.00		
RADIOLOGY	7	12		795.00		66.25	.000	113.57		.00 .58
ROOM USE CROSSOVERS/ALL OTH OUTPINT	66	275		6,330.54		23.02	.009 .200	95.92		4.60
	4		3	81,535.40	ċ	494.15		\$ 20383.85	ċ	59.26
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	4	165	?	81,535.40	ş	494.15	.120	20383.85	Ą	59.26
HSC HOSPITALS	4	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	4	165		81,535.40		494.15	.120	20383.85		59.26
ACCOMMODATIONS	4	165		38,164.50		231.30	.120	9541.13		27.74
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	103		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	4	165		38,164.50		231.30	.120	9541.13		27.74
ANCILLARIES	4	0		43,370.90		.00	.000	10842.73		31.52
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	Ő	0		.00		.00	.000	.00		.00
		ES AND EXPENDITURES	MON'		.PORT				P	AGE 14,223
MOP024	FEE-FOR-SERVICE		7 11011	111 01 11111111111 111	JI 01()	I I OIK OIIIV E	2001 111110 2	2001		03/14/05
SHASTA COUNTY		ICES FOR MN - LONG	TERI	M CARE - DISABLE	ΞD	AID CODE	63			00/11/00
	DOILLING OF DELICE	1020 1010 1110 20100	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 5101.511		1112 0022		NTHLY AVERA	GE	
1,376 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST				COST PER
,		OR DAYS OF CARE					PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	88	334	>	34,870.56		104.40		\$ 396.26		25.34
COMM HOSP INPATIENT TOTAL	17	12		27,127.39		2260.62	.009	1595.73		19.71
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	4	12		16,802.71		1400.23	.009	4200.68		12.21
ACCOMMODATIONS	4	12		4,582.50		381.88	.009	1145.63		3.33
				•						

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	12		4,582.50		381.88	.009		1145.63		3.33
ANCILLARIES	4	0		12,220.21		.00	.000		3055.05		8.88
INPATIENT CROSSOVERS	13	0		10,324.68		.00	.000		794.21		7.50
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	72	322		7,743.17		24.05	.234		107.54		5.63
MEDICAL	3	3		57.03		19.01	.002		19.01		.04
SURGERY	4	4		207.15		51.79	.003		51.79		.15
PATHOLOGY	6	28		353.45		12.62	.020		58.91		.26
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	7	12		795.00		66.25	.009		113.57		.58
CROSSOVERS/ALL OTH OUTPTNT		275		6,330.54		23.02	.200		95.92		4.60
@STATE HOSPITAL	9	350	\$	181,313.99	\$	518.04		\$	20146.00	\$	131.77
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	9	350		181,313.99		518.04	.254		20146.00		131.77
@NURSING FACILITY	370	10,635	\$		\$	124.32	7.729	\$	3573.40	\$	960.87
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	12	362		193,205.30		533.72	.263		16100.44		140.41
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	360 936	10,273	_	1,128,952.75	_	109.90	7.466	_	3135.98	_	820.46
@INTERMEDIATE CARE FACILDD	936	28,106	Ş	4,710,264.90	Ş	167.59		Ş	5032.33	Ş	
ICF DDH	578	17,261		2,617,467.00		151.64	12.544		4528.49		1902.23
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	358	10,845	<u> </u>	2,092,797.90	<u>^</u>	192.97	7.882	<u> </u>	5845.80	<u> </u>	1520.93
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	\$.00	Ċ	.00	.000	~	.00	ċ	.00
@REHABILITATION FACILITY	0	0	Ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0	0				.00	.000				.00
INDEPENDENT FACILITY @LABORATORY FACILITY	15	54	\$.00 605.64	\$	11.22	.000	ċ	.00 40.38	\$.00
-	13	52	Ą	540.92	ş	10.40	.039	Ş	40.30	Ş	.39
PATHOLOGY XO AND OTHERS	2	2		64.72		32.36	.036		32.36		.05
@ORGANIZED OUTPATIENT CLINIC	423	698	\$	41,558.95	\$	59.54	.507	ċ		ċ	30.20
CLINIC	423	3	Ą	82.48	ş	27.49	.002	Ş	82.48	Ş	.06
SURGICENTER	1	2		109.42		54.71	.002		109.42		.08
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	423	693		41,367.05		59.69	.504		97.79		30.06
#CALIF DEPT OF HEALTH SERV			RES	MONTH-OF-PAYMENT RI	E.POR			DEC		P	AGE 14,224
MOP024	FEE-FOR-SERVICE		IVLO		DI OIC.	1 101(0111)	2001 111110	טםכ	2001		03/14/05
SHASTA COUNTY			ONG	TERM CARE - DISABLE	E.D	AID CODE	63				03/11/03
Simbin Coonii	DOIMMING OF BEIN	TODO TOTO THE D	OIVO			HID CODE		гиоі	THLY AVERA	GE	
1,376 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY		COST PER	-	COST PER
1,576 EETCIBEEC	ODLING	OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	580	71,096	_ \$	102,572.71	\$	1.44	51.669		176.85		74.54
DURABLE MED. EQUIP.	26	78	т.	20,250.80	7	259.63	.057	-	778.88	т	14.72
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	26	55		520.08		9.46	.040		20.00		.38
MEDICAL TRANSPORTATION	139	2,893		12,389.73		4.28	2.102		89.13		9.00
AMBULANCES/AIR TRANS	4	34		375.18		11.03	.025		93.80		.27
OTHER TRANS	133	2,849		11,904.95		4.18	2.070		89.51		8.65
OTHER SERVICES	10	10		109.60		10.96	.007		10.96		.08
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	12	227		15,794.66	69.58	.165	1316.22	11.48
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	23	61		567.03	9.30	.044	24.65	.41
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	3	5		71.96	14.39	.004	23.99	.05
PROSTHETIST/ORTHOTISTS	7	14		1,333.59	95.26	.010	190.51	.97
PROSTHETICS	7	14		1,333.59	95.26	.010	190.51	.97
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	27	53		1,872.04	35.32	.039	69.33	1.36
HOSPICE SERVICES	0	0		95.91	.00	.000	.00	.07
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	392	67 , 710		49,676.91	.73	49.208	126.73	36.10
@CALIF. CHILDREN SERVICES*	2	8	\$	1,500.82	\$ 187.60	.006	\$ 750.41	\$ 1.09
@XOVER EXCLUDING STATE HOSP**	460	18,435	\$	83,462.55	\$ 4.53	13.398	\$ 181.44	\$ 60.66
0* TOTALS IN THESE LINES ARE GIVE	N AS A SEPARATE	TNFORMATION	TTEM ONLY.					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INDO BININ INC INCEORDS I	1112 1111110111111111111111111111111	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 14,225
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED	

							MC	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERA(GE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	2		PER UI	YAD\TIN	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
	0	0		.00		.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00				
PRINCIPAL SURGEON	-			.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0		\$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	т	.00	.00	.000	.00	т	.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
	0	0		.00			.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0							
RESTORATIVE DENTISTRY	•	· ·		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000			.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MONTH-O	F-PAYMENT RE	PORT FOR JAN 2	2004 THRU DE	C 2004	PA	GE 14,226
MOP024	FEE-FOR-SERVICE	/DENTAL							03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR MN - LON	G TERM CAI	RE - FAMILIE	S DISCONTINU	JED			
						MON	THLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EX	PENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	-	.00
	-	-					•		

	2	•		0.0	0.0	0.00	0.0	0.0
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$		\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	Ô	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$		\$.00		.00	\$.00
	· ·			.00	•	·		
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0						
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	Ô	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
	0							
CROSSOVERS/ALL OTH OUTPTNT	9	0	Ċ	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	Û	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
	0	0						
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	U	Ü		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	ES MONTH-O	F-PAYMENT RE	PORT FOR JAN	2004 THRU DE	C 2004	PAGE 14,227
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	MN - LO	NG TERM CA	RE - FAMILIE	S DISCONTIN	UED		, , , , ,
		111.			2100011111			3.5

		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER	Ι	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	Ō		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
MENTALLY ILL	Ő	0	т	.00	Τ.	.00	.000	т	.00	т	.00
DEVELOP. DISABLED	Õ	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
LEV A-INTERMEDIATE	0	0	۲	.00	Ψ	.00	.000	۲	.00	٧	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ċ	.00
ICF DDH	0	0	Y	.00	Ÿ	.00	.000	Ÿ	.00	Ÿ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	Ġ	.00
HOSPITAL BASED	0	0	٧	.00	Y	.00	.000	Y	.00	٧	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	٧	.00	Y	.00	.000	Y	.00	٧	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
PATHOLOGY	0	0	۲	.00	Ψ	.00	.000	۲	.00	٧	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	۲	.00	Ψ	.00	.000	۲	.00	٧	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	Õ	0		.00			.000				.00
		ZND EXPENDITIE	ES N	MONTH-OF-PAYMENT RE							
	FEE-FOR-SERVICE/I				11 01(1	. 1010 01110 2	.001 11110	DLC	2001		03/14/05
SHASTA COUNTY	SUMMARY OF SERVICE	ES FOR MN - LO	NG -	TERM CARE - FAMILIE	ī.S	DISCONTINI	IED				03/11/03
5.11.0 111 000111 1	SOLUTION OF DELICATOR	1010 1110 110	-,-				.ш. М	ОИТ	HIY AVERA	GF	
00 ELIGIBLES	USERS I	NITS OF SERVICE		EXPENDITURES	AVF						
11 22101220		OR DAYS OF CARE				R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	0		\$.00		.00					
DURABLE MED. EQUIP.	Ő	0	т	.00	т	.00	. 000	т.	.00	т.	.00
BLOOD BANK	Õ	0		.00		.00	.000		.00		.00
=======================================	Ŭ	Ŭ		• 0 0		• • • •	• • • • •		• 0 0		

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

 $[\]ensuremath{\text{@*}}$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,229
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

DOMMANT OF DEN	CATCED LOIC LIN T	ONG I.	DIM CAME IOIAE				
					MO	NTHLY AVERA	GE
USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
8 , 597	430,221	\$	27,513,598.12	\$ 63.95	56.705	\$ 3200.37	\$ 3626.41
977	2,441	\$	36,666.52	\$ 15.02	.322	\$ 37.53	\$ 4.83
7	8		443.12	55.39	.001	63.30	.06
4	4		94.50	23.63	.001	23.63	.01
0	0		.00	.00	.000	.00	.00
3	4		348.62	87.16	.001	116.21	.05
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
31	186		8,984.19	48.30	.025	289.81	1.18
14	138		4,544.02	32.93	.018	324.57	.60
2	25		4,018.34	160.73	.003	2009.17	.53
16	23		421.83	18.34	.003	26.36	.06
3	3		132.74	44.25	.000	44.25	.02
3	3		132.74	44.25	.000	44.25	.02
0	0		.00	.00	.000	.00	.00
5	5		1,067.58	213.52	.001	213.52	.14
3	4		949.56	237.39	.001	316.52	.13
1	1		118.02	118.02	.000	118.02	.02
1	0		.00	.00	.000	.00	.00
	USERS 8,597 977 7 4 0 3 0 0 31 14 2	USERS UNITS OF SERVIC OR DAYS OF CAR 8,597 430,221 977 2,441 7 8 4 4 0 0 0 0 3 4 0 0 0 0 0 0 31 186 14 138 2 25	USERS UNITS OF SERVICE OR DAYS OF CARE 8,597 430,221 \$ 977 2,441 \$ 7 8 4 4 0 0 0 3 4 0 0 0 0 0 3 1 186 14 138 2 25	USERS UNITS OF SERVICE OR DAYS OF CARE 8,597 430,221 \$ 27,513,598.12 977 2,441 \$ 36,666.52 7 8 443.12 4 4 94.50 0 0 0 .00 3 4 348.62 0 0 0 .00 0 0 .00 0 0 .00 0 0 .00 31 186 8,984.19 14 138 4,544.02 2 25 4,018.34 16 23 421.83 3 3 132.74 3 3 3 132.74 0 0 0 .00 5 5 5 1,067.58 3 4 949.56 1 1 1 18.02	USERS UNITS OF SERVICE OR DAYS OF CARE 8,597 430,221 \$ 27,513,598.12 \$ 63.95 977 2,441 \$ 36,666.52 \$ 15.02 7 8 443.12 55.39 4 4 94.50 23.63 0 0 0 .00 .00 3 4 348.62 87.16 0 0 0 .00 .00 0 0 .00 0 0 .00 31 186 8,984.19 48.30 14 138 4,544.02 32.93 2 25 4,018.34 160.73 16 23 421.83 18.34 3 3 132.74 44.25 3 3 132.74 44.25 3 3 132.74 44.25 0 0 0 .00 5 5 5 1,067.58 213.52 3 4 949.56 237.39 1 1 118.02 118.02	USERS UNITS OF SERVICE OR DAYS OF CARE 8,597 430,221 \$ 27,513,598.12 \$ 63.95 56.705 977 2,441 \$ 36,666.52 \$ 15.02 .322 7 8 443.12 55.39 .001 4 4 94.50 23.63 .001 0 0 0 .00 .00 .00 .000 3 4 348.62 87.16 .001 0 0 0 .00 .00 .00 .000 0 0 0 .00 .00	USERS UNITS OF SERVICE OR DAYS OF CARE 0

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	9	214		2,122.24	1	9.92	.028		235.80		.28
PRINCIPAL SURGEON	3	4		830.35	5	207.59	.001		276.78		.11
ASSISTANT SURGEON	0	0		.00)	.00	.000		.00		.00
ANESTHESIOLOGIST	6	210		1,291.89	9	6.15	.028		215.32		.17
DIALYSIS	0	0		.00)	.00	.000		.00		.00
PATHOLOGY	1	1		14.31	l	14.31	.000		14.31		.00
RADIOLOGY	7	32		429.89	9	13.43	.004		61.41		.06
PSYCHIATRY	0	0		.00)	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00)	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	929	1,992		23,472.45	5	11.78	.263		25.27		3.09
@PHARMACY	6 , 785	112,333 \$	3	3,061,880.4°	7 \$	27.26	14.806	\$	451.27	\$	403.57
PRESCRIPTION DRUGS	6,747	53,429		3,023,605.63	3	56.59	7.042		448.14		398.52
SNF/ICF	6,648	52,061		2,990,478.52	2	57.44	6.862		449.83		394.16
OUTPATIENTS	198	1,368		33,127.13	L	24.22	.180		167.31		4.37
MEDICAL SUPPLIES	458	58,904		38,274.84	4	.65	7.764		83.57		5.04
@DENTIST	423	1,251 \$	\$	56,101.00) \$	44.84	.165	\$	132.63	\$	7.39
VISITS - DIAGNOSTIC	372	849		15,515.00)	18.27	.112		41.71		2.04
ORAL SURGERY	36	175		6,302.00)	36.01	.023		175.06		.83
DRUGS	0	0		.00)	.00	.000		.00		.00
ANESTHESIA	6	6		400.00)	66.67	.001		66.67		.05
PERIODONTICS	6	6		708.00)	118.00	.001		118.00		.09
ENDODONTICS	2	7		1,335.00)	190.71	.001		667.50		.18
RESTORATIVE DENTISTRY	16	57		4,402.00)	77.23	.008		275.13		.58
PROSTHETICS	0	0		.00)	.00	.000		.00		.00
DENTURES, STAYPLATES	81	147		27,439.00)	186.66	.019		338.75		3.62
SPACE MAINTAINERS	0	0		.00)	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00)	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00)	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00)	.00	.000		.00		.00
ALL OTHER SERVICES	7	4		.00)	.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-	-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	PI	AGE 14,230
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05

SHASTA COUNTY	SUMMARY OF SERV	VICES FOR MIN - LONG TER	M CARE - TOTAL		MON'	רטוע אוופסאר	₽
7,587 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
7,507 EDIGIBLES	CNICO	OR DAYS OF CARE	EVERNOTIONES	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	124	325 \$	6,891.48	\$ 21.20	.043 \$		
DIAGNOSTIC AND ANC. PROCED	5	6	237.25	39.54	.001	47.45	.03
EYE APPLIANCES	111	299	6 , 180.75	20.67	.039	55.68	.81
OTHER OPTOMETRIC SERVICES	13	299	473.48	23.67	.003	36.42	.06
	0	0 \$					
@CHIROPRACTOR	0	0 \$.00		.000 \$.00	
VISITS	0	•	.00	.00	.000	.00	.00
OTHER SERVICES	-	0	.00	.00	.000	.00	.00
@PODIATRIST	313	385 \$	•	\$ 5.89	.051 \$	7.25	•
MEDICINE/INJECTIONS	1	1	24.00	24.00	.000	24.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	312	384	2,244.98	5.85	.051	7.20	.30
@HOME HEALTH AGENCY	1	29 \$		\$ 71.14	.004 \$	2063.18	
NURSE ANESTHESIST	2	2 \$		\$ 5.39	.000 \$	5.39	
NURSE MIDWIFE	0	0 \$		\$.00	.000 \$.00	
PEDIATRIC NURSE PRACTITIONER		0 \$		\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$		\$.00	.000 \$.00	
@TOTAL HOSPITAL	249	891 \$	•	\$ 198.17	.117 \$	709.13	
HOSP INPATIENT TOTAL	84	177	160,010.27	904.01	.023	1904.88	21.09
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	8	177	98,338.11	555.58 241.51	.023	12292.26	12.96
ACCOMMODATIONS	8	177	42,747.00	241.51	.023	5343.38	5.63
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	177	42,747.00	241.51	.023	5343.38	5.63
ANCILLARIES	8	0	55,591.11	.00	.000	6948.89	7.33
INPATIENT CROSSOVERS	76	0	61,672.16	.00	.000	811.48	8.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	168	714	16,563.47	23.20	.094	98.59	2.18
MEDICAL	4	4	75.24	18.81	.001	18.81	.01
SURGERY	4	4	207.15	51.79	.001	51.79	.03
PATHOLOGY	7	31	381.45	12.30	.004	54.49	.05
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	8	13	828.00	63.69	.002	103.50	.11
CROSSOVERS/ALL OTH OUTPTNT	161	662		22.77	.087	93.61	1.99
@COUNTY HOSPITAL TOTAL	4	165 \$	•	\$ 494.15		20383.85	
CO HOSPITAL INPATIENT TOTAL	4	165	81,535.40	494.15	.022	20383.85	10.75
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	4	165	81,535.40	494.15	.022	20383.85	10.75
ACCOMMODATIONS	4	165	38,164.50	231.30		9541.13	5.03
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	165	38,164.50	231.30	.022	9541.13	5.03
ANCILLARIES	4	0	43,370.90	.00		10842.73	5.72
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY RADIOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGI ROOM USE	0	0	.00	.00	.000	.00	.00
MOOM OSE	U	U	.00	.00	.000	.00	.00

MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

SHASTA COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG	TERM CARE - TOTAL				~-	
5 505						ONTHLY AVERA		
7,587 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				COST PER
	0.45	OR DAYS OF CARE		PER UNIT/DAY				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	245	726 \$	/	\$ 130.91	.096		Ş	12.53
COMM HOSP INPATIENT TOTAL	80	12	78,474.87	6539.57	.002	980.94		10.34
HSC HOSPITALS	0	0	.00		.000	.00		.00
NON-HSC HOSPITALS TOTAL	4	12	16,802.71	1400.23	.002	4200.68		2.21
ACCOMMODATIONS	4	12	4,582.50	381.88	.002	1145.63		.60
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	4	12	4,582.50	381.88	.002	1145.63		.60
ANCILLARIES	4	0	12,220.21	.00	.000	3055.05		1.61
INPATIENT CROSSOVERS	76	0	61,672.16	.00	.000	811.48		8.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	168	714	16,563.47	23.20	.094	98.59		2.18
MEDICAL	4	4	75.24	18.81	.001	18.81		.01
SURGERY	4	4	207.15	51.79	.001	51.79		.03
PATHOLOGY	7	31	381.45	12.30	.004	54.49		.05
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	8	13	828.00	63.69	.002	103.50		.11
CROSSOVERS/ALL OTH OUTPTNT	•	662	15,071.63	22.77	.087	93.61		1.99
@STATE HOSPITAL	9	350 \$	•	\$ 518.04	.046	\$ 20146.00	Ċ	23.90
MENTALLY ILL	0	0	.00	.00	.000	.00	Y	.00
DEVELOP. DISABLED	9	350	181,313.99	518.04	.046	20146.00		23.90
	5 , 817			\$ 105.55		\$ 3167.99	ċ	2428.92
@NURSING FACILITY	422	/		70.79		1781.16	Ą	99.07
LEV A-INTERMEDIATE	422 12	10,618	751,648.15		1.399			
LEV B-REHAB MD		366	38,835.12	106.11	.048	3236.26		5.12
LEV B-SUBACUTE FREESTANDING		361	130,726.87	362.12	.048	11884.26		17.23
LEV B-SUBACUTE HSPTL BASED	12	362	193,205.30	533.72	.048	16100.44		25.47
LEV B-TRANSITIONAL IP CARE	0	0	.00		.000	.00		.00
LEV B-REGULAR	5,378	162,877	17,313,787.41	106.30	21.468	3219.37		2282.03
@INTERMEDIATE CARE FACILDD	1,036	31,102 \$., ,	\$ 166.88		\$ 5009.98	\$	684.11
ICF DDH	651	19,453	2,936,457.61	150.95	2.564	4510.69		387.04
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	385	11 , 649	2,253,880.41	193.48	1.535	5854.23		297.07
@HEMODIALYSIS TOTAL	43	60 \$	-,	\$ 479.86	.008	\$ 669.58	\$	3.79
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	43	60	28,791.86	479.86	.008	669.58		3.79
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	51	119	1,393.05	\$ 11.71	.016	\$ 27.31	\$.18
PATHOLOGY	20	71	909.35	12.81	.009	45.47		.12
XO AND OTHERS	31	48	483.70	10.08	.006	15.60		.06
@ORGANIZED OUTPATIENT CLINIC	903	1,640 \$		\$ 43.39	.216		\$	9.38
CLINIC	1	3	82.48	27.49	.000	82.48	7	.01
SURGICENTER	19	33	4,576.61	138.69	.004	240.87		.60
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	885	1,604	66,492.60	41.45	.211	75.13		8.76
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT 1				T	PAGE 14,232
MOP024	FEE-FOR-SERVICE		, HONTH OF EATHENT I	MAO MOT TAICTE	2004 11110	DEC 2004	Г	03/14/05
			TERM CARE - TOTAL					03/14/03
SHASTA COUNTY	SUMMARI OF SERVI	CES FOR MIN - LONG	G TERM CARE - TOTAL					

7,587 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR		PER UNIT/DAY	PER ELIG		ELIGIBLE
@ALL OTHER PROVIDERS	1,712	104,709	\$ 269,950.51		13.801		•
DURABLE MED. EQUIP.	50	378	33 , 344.89	88.21	.050	666.90	4.40
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	75	133	14,147.50	106.37	.018	188.63	1.86
MEDICAL TRANSPORTATION	964	22 , 816	107,348.15	4.70	3.007	111.36	14.15
AMBULANCES/AIR TRANS	16	49	766.69	15.65	.006	47.92	.10
OTHER TRANS	947	22 , 659	105,831.14	4.67	2.987	111.75	13.95
OTHER SERVICES	65	108	750.32	6.95	.014	11.54	.10
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	20	324	22,564.80	69.64	.043	1128.24	2.97
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	115	258	3,056.35	11.85	.034	26.58	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	26	56	129.74	2.32	.007	4.99	.02
PROSTHETIST/ORTHOTISTS	17	42	2,144.11	51.05	.006	126.12	.28
PROSTHETICS	17	42	2,144.11	51.05	.006	126.12	.28
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	39	75	4,569.28	60.92	.010	117.16	.60
HOSPICE SERVICES	5	193	23,615.49	122.36	.025	4723.10	3.11
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	577	80,434	59,030.20	.73	10.602	102.31	7.78
@CALIF. CHILDREN SERVICES*	2	8	\$ 1,500.82	\$ 187.60	.001	\$ 750.41	\$.20
@XOVER EXCLUDING STATE HOSP**	2,191	39,185	\$	\$ 12.97	5.165	\$ 232.05	\$ 67.01

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,233 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SHASTA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

DOLLINICI OI DIII	VICED FOR THEFTON	יו בעעי	11010				
					MOI	NTHLY AVERA	GE
USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CAR	E.		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
15,532	384 , 406	\$	24,352,954.50	\$ 63.35	25.338	\$ 1567.92	\$ 1605.23
2,287	6,478	\$	120,960.39	\$ 18.67	.427	\$ 52.89	\$ 7.97
24	30		1,414.72	47.16	.002	58.95	.09
20	24		948.91	39.54	.002	47.45	.06
0	0		.00	.00	.000	.00	.00
4	6		465.81	77.64	.000	116.45	.03
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
7	21		1,105.51	52.64	.001	157.93	.07
5	15		679.91	45.33	.001	135.98	.04
3	6		425.60	70.93	.000	141.87	.03
0	0		.00	.00	.000	.00	.00
8	11		483.45	43.95	.001	60.43	.03
	USERS 15,532 2,287 24	USERS UNITS OF SERVICE OR DAYS OF CAR 15,532 384,406 2,287 6,478 24 30	USERS UNITS OF SERVICE OR DAYS OF CARE 15,532 384,406 \$ 2,287 6,478 \$ 24 30	USERS UNITS OF SERVICE OR DAYS OF CARE 15,532 384,406 \$ 24,352,954.50 2,287 6,478 \$ 120,960.39 24 30 1,414.72 20 24 948.91 0 0 0 .00 4 6 465.81 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 7 21 1,105.51 5 15 679.91 3 6 425.60 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE 15,532 384,406 \$ 24,352,954.50 \$ 63.35 2,287 6,478 \$ 120,960.39 \$ 18.67 24 30 1,414.72 47.16 20 24 948.91 39.54 0 0 0 .00 .00 4 6 465.81 77.64 0 0 0 .00 .00 0 0 0 .00 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 15,532 384,406 \$ 24,352,954.50 \$ 63.35 25.338 3 2,287 6,478 \$ 120,960.39 \$ 18.67 .427 3 24 30 1,414.72 47.16 .002 20 24 948.91 39.54 .002 0 0 0 .00 .00 .00 0 4 6 465.81 77.64 .000 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE 15,532 384,406 \$ 24,352,954.50 \$ 63.35 25.338 \$ 1567.92 2,287 6,478 \$ 120,960.39 \$ 18.67 .427 \$ 52.89 24 30 1,414.72 47.16 .002 58.95 20 24 948.91 39.54 .002 47.45 0 0 0 .00 .00 .000 .000 4 6 6 465.81 77.64 .000 116.45 0 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .0

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	8	11		483.45		43.95	.001		60.43		.03
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	5	28		6,657.61		237.77	.002		1331.52		. 44
PRINCIPAL SURGEON	4	6		5,654.00		942.33	.000		1413.50		.37
ASSISTANT SURGEON	1	1		421.07		421.07	.000		421.07		.03
ANESTHESIOLOGIST	1	21		582.54		27.74	.001		582.54		.04
OUTPATIENT SURGERY	8	135		5,088.51		37.69	.009		636.06		.34
PRINCIPAL SURGEON	7	8		4,497.30		562.16	.001		642.47		.30
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	5	127		591.21		4.66	.008		118.24		.04
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	9		133.93		14.88	.001		44.64		.01
RADIOLOGY	25	50		2,433.30		48.67	.003		97.33		.16
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION		2.4		2,209.07		92.04	.002		736.36		.15
OTHER SERVICES/ALL X-OVERS	2,234	6 , 170		101,434.29		16.44	.407		45.40		6.69
@PHARMACY	12,203	110,621	\$	4,529,804.13	\$		7.292	Ċ	371.20	Ċ	
PRESCRIPTION DRUGS	12,203	74,105	۲	4,466,550.32	۲	60.27	4.885	ې	369.38	۲	294.41
SNF/ICF	5,686	45,361		2,395,078.85		52.80	2.990		421.22		157.87
									321.01		
OUTPATIENTS	6,453	28,744		2,071,471.47		72.07	1.895				136.54
MEDICAL SUPPLIES	770	36,516	ċ	63,253.81	Ċ	1.73	2.407	ċ	82.15	ċ	4.17
@DENTIST	729 566	2,450	\$	105,348.90	\$.161	Ş	144.51	Ş	6.94
VISITS - DIAGNOSTIC	566 76	1,570		23,524.40		14.98	.103		41.56		1.55
ORAL SURGERY		331		12,698.00		38.36	.022		167.08		.84
DRUGS	2	5		45.00		9.00	.000		22.50		.00
ANESTHESIA	4	4		300.00		75.00	.000		75.00		.02
PERIODONTICS	15	15		1,707.00		113.80	.001		113.80		.11
ENDODONTICS	9	15		3,145.00		209.67	.001		349.44		.21
RESTORATIVE DENTISTRY	75	187		14,185.00		75.86	.012		189.13		.94
PROSTHETICS	5	7		180.00		25.71	.000		36.00		.01
DENTURES, STAYPLATES	154	303		49,564.50		163.58	.020		321.85		3.27
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	13	13		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV			RES	MONTH-OF-PAYMENT R	EPORT	r for jan 2	2004 THRU I	DEC	2004	P	AGE 14,234
MOP024	FEE-FOR-SERVIC										03/14/05
SHASTA COUNTY	SUMMARY OF SER	VICES FOR MEDICA	LLY	NEEDY - AGED							
							MC				
15,171 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAYS	S			COST PER
		OR DAYS OF CAR	E				PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	328	850	\$	17,886.04	\$.056	\$	54.53	\$	1.18
DIAGNOSTIC AND ANC. PROCED	21	24		916.13		38.17	.002		43.63		.06
EYE APPLIANCES	266	708		15,077.62		21.30	.047		56.68		.99
OTHER OPTOMETRIC SERVICES	63	118		1,892.29		16.04	.008		30.04		.12
@CHIROPRACTOR	6	6	\$	83.64	\$	13.94	.000	\$	13.94	\$.01
VISITS	2	2		33.44		16.72	.000		16.72		.00
OTHER SERVICES	4	4		50.20		12.55	.000		12.55		.00
@PODIATRIST	332	412	\$	2,359.93	\$	5.73	.027	\$	7.11	\$.16
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	332	412		2,359.93		5.73	.027		7.11		.16
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	2	2	\$	10.78	\$	5.39	.000	\$	5.39		.00
			•		•						

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	3	\$ 75.19	\$ 25.06	.000	\$ 25.06	\$.00
@TOTAL HOSPITAL	609	2,216	\$ 334,277.06	\$ 150.85	.146	\$ 548.90	\$ 22.03
HOSP INPATIENT TOTAL	218	52	279,857.93	5381.88	.003	1283.75	18.45
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	4	52	104,066.91	2001.29	.003	26016.73	6.86
ACCOMMODATIONS	4	52	26 , 820.96	515.79	.003	6705.24	1.77
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	52	26 , 820.96	515.79	.003	6705.24	1.77
ANCILLARIES	4	0	77,245.95	.00	.000	19311.49	5.09
INPATIENT CROSSOVERS	214	0	175,791.02	.00	.000	821.45	11.59
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	403	2,164	54,419.13	25.15	.143	135.04	3.59
MEDICAL	11	20	543.65	27.18	.001	49.42	.04
SURGERY	3	3	409.03	136.34	.000	136.34	.03
PATHOLOGY	10	35	330.80	9.45	.002	33.08	.02
RADIOLOGY	5	21	2,138.02	101.81	.001	427.60	.14
ROOM USE	13	24	879.35	36.64	.002	67.64	.06
CROSSOVERS/ALL OTH OUTPTNT	392	2,061	50,118.28	24.32	.136	127.85	3.30
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	r for jan 2	004 THRU DE	C 2004	PAGE 14,235
MOP024	FEE-FOR-SERVICE/DENTA	ΔL					03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES F	OR MEDICALLY	NEEDY - AGED				

SHASTA COUNTI	DOMMANT OF DERN	TOES FOR MEDICA	TTT 141	LEDI AGED			M(רואר	THLY AVERA	CF	
15,171 ELIGIBLES	USERS	UNITS OF SERVIC	c	EXPENDITURES	7/1/2	DACE COST	UNITS/DAYS			ч	COST PER
13,171 EDIGIDLES	CNITCO	OR DAYS OF CAR		EXFENDITORES			PER ELIG	ر	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	609	2,216	\$	334,277.06		150.85	.146	Ċ	548.90	Ċ	22.03
COMM HOSP INPATIENT TOTAL	218	52	Ÿ	279,857.93		5381.88	.003	٧	1283.75	Y	18.45
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
	0	52		104,066.91		2001.29	.003		26016.73		6.86
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	4	52 52				515.79	.003		6705.24		1.77
	4	0		26,820.96							
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	U			.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	52		26,820.96		515.79	.003		6705.24		1.77
ANCILLARIES	4	0		77,245.95		.00	.000		19311.49		5.09
INPATIENT CROSSOVERS	214	0		175,791.02		.00	.000		821.45		11.59
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	403	2,164		54,419.13		25.15	.143		135.04		3.59
MEDICAL	11	20		543.65		27.18	.001		49.42		.04
SURGERY	3	3		409.03		136.34	.000		136.34		.03
PATHOLOGY	10	35		330.80		9.45	.002		33.08		.02
RADIOLOGY	5	21		2,138.02		101.81	.001		427.60		.14
ROOM USE	13	24		879.35		36.64	.002		67.64		.06
CROSSOVERS/ALL OTH OUTPINT	392	2,061		50,118.28		24.32	.136		127.85		3.30
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	5 , 777	171,433	\$	18,138,427.32	\$	105.80	11.300	\$	3139.77	\$	1195.60
LEV A-INTERMEDIATE	453	11,276		804,583.38		71.35	.743		1776.12		53.03
LEV B-REHAB MD	12	366		38,835.12		106.11	.024		3236.26		2.56
LEV B-SUBACUTE FREESTANDING	11	361		130,726.87		362.12	.024		11884.26		8.62
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5,318	159,430		17,164,281.95		107.66	10.509		3227.58		1131.39
@INTERMEDIATE CARE FACILDD	100	2,996	\$	480,073.12	\$	160.24	.197	\$	4800.73	\$	31.64
ICF DDH	73	2,192		318,990.61		145.52	.144		4369.73		21.03
ICF DD	0	, 0		.00		.00	.000		.00		.00
ICF DDN/DDCN	27	804		161,082.51		200.35	.053		5966.02		10.62
@HEMODIALYSIS TOTAL	48	66	\$	31,012.44	\$	469.89	.004	Ś		Ś	2.04
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	48	66		31,012.44		469.89	.004		646.09		2.04
@REHABILITATION FACILITY	1	6	\$	176.46	\$.000	Ś		Ś	.01
HOSPITAL BASED	1	6	т.	176.46	Ψ	29.41	.000	т	176.46	Τ.	.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	133	308	\$	3,387.22	\$	11.00	.020	Ś	25.47	S	.22
PATHOLOGY	43	144	۲	2,020.32	Y	14.03	.009	٣	46.98	7	.13
XO AND OTHERS	90	164		1,366.90		8.33	.011		15.19		.09
@ORGANIZED OUTPATIENT CLINIC	1 , 954	3,245	\$	135,789.87	\$	41.85	.214	Ġ	69.49	Ġ	8.95
CLINIC CLINIC	1,954	0	Y	.00	Y	.00	.000	٧	.00	Y	.00
CTIMIC	U	U		.00		.00	.000		.00		.00

SURGICENTER 96 153 22,906.70 149.72 .010 238.61 1.51
HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00
RURAL HEALTH CLINIC 1,868 3,092 112,883.17 36.51 .204 60.43 7.44
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,236
MOPO24 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

						Mo	ONTHLY AVERA	GE
15,171 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAY:	S COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,843	83,314	\$	453,282.01	\$ 5.44	5.492	\$ 159.44	\$ 29.88
DURABLE MED. EQUIP.	97	618		45,143.11	73.05	.041	465.39	2.98
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	134	244		45,072.66	184.72	.016	336.36	2.97
MEDICAL TRANSPORTATION	1,021	25,024		116,499.43	4.66	1.649	114.10	7.68
AMBULANCES/AIR TRANS	24	32		1,011.82	31.62	.002	42.16	.07
OTHER TRANS	992	24,787		114,492.74	4.62	1.634	115.42	7.55
OTHER SERVICES	89	205		994.87	4.85	.014	11.18	.07
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	101	1,107		77,098.14	69.65	.073	763.35	5.08
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	239	1,536		76,414.42	49.75	.101	319.73	5.04
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	326	816		9,522.61	11.67	.054	29.21	.63
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	28	67		73.97	1.10	.004	2.64	.00
PROSTHETIST/ORTHOTISTS	29	68		1,567.15	23.05	.004	54.04	.10
PROSTHETICS	29	68		1,567.15	23.05	.004	54.04	.10
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	69	181		13,324.65	73.62	.012	193.11	.88
HOSPICE SERVICES	6	196		23,860.44	121.74	.013	3976.74	1.57
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,099	53 , 457		44,705.43	.84	3.524	40.68	2.95
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4,316	34,290	\$	846,854.58	\$ 24.70	2.260	\$ 196.21	\$ 55.82
A* TOTATO IN THESE ITNES ARE CIV	ENI VG V GEDV.	DATE THEODMATION	ТФБМ	ONIT V •				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,237
MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

| COST PER | COST PER

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	1	1		45.72		45.72	.015	45.72		.67
INPATIENT VISITS	0	0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00		.00
CRITICAL CARE	0	0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00			.000	.00		.00
	U					.00				
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00		.00
EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	•									
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	4	8		153.55		19.19	.118	38.39		2.26
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	10	25		234.84		9.39	.368	23.48		3.45
	53	2,547	\$		\$	17.50	37.456		ċ	655.44
@PHARMACY	51	•	ې		Ą				Ą	
PRESCRIPTION DRUGS		488		43,690.55		89.53	7.176	856.68		642.51
SNF/ICF	23	306		20,587.23		67.28	4.500	895.10		302.75
OUTPATIENTS	28	182		23,103.32		126.94	2.676	825.12		339.75
MEDICAL SUPPLIES	16	2 , 059		879.25		.43	30.279	54.95		12.93
@DENTIST	28 16 3	7	\$	1,355.00	\$	193.57	.103	\$ 451.67	\$	19.93
VISITS - DIAGNOSTIC	1	3		75.00		25.00	.044	75.00		1.10
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
	0	0								
RESTORATIVE DENTISTRY	U			.00		.00	.000	.00		.00
PROSTHETICS	Ü	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	2	6		1,280.00		213.33	.088	640.00		18.82
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	2CR		.00		.00	.029CR			.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	ES MO		EPORT				ÞΙ	AGE 14,238
MOP024	FEE-FOR-SERVICE		10 110	7N111 O1 1711111111 10	DI OIC.	1 1010 01110 2	LOOT THING D	DC 2001		03/14/05
			ESZ NIE	TEDY DITND						03/14/03
SHASTA COUNTY	SUMMARY OF SER	VICES FOR MEDICALI	LY NE	TEDI - BLIND					C E	
60								NTHLY AVERA	-	
68 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF CARE				R UNIT/DAY	_	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		Ś	.00
VISITS	0	0	~	.00	Y	.00	.000	.00	4	.00
OTHER SERVICES	0	0		.00			.000	.00		.00
		0	ċ		<u>~</u>	.00			ċ	
@PODIATRIST	0	U	\$.00	\$.00	.000	\$.00	Ş	.00

MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	12	1,795 \$	53,226.51	\$ 2	9.65	26.397	\$	4435.54	\$	782.74
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7	6 \$	4,498.69		9.78	.088	\$	642.67	\$	66.16
HOSP INPATIENT TOTAL	5	0	4,379.20		.00	.000		875.84		64.40
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	5	0	4,379.20		.00	.000		875.84		64.40
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2	6	119.49	1	9.92	.088		59.75		1.76
MEDICAL	0	0	.00	_	.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	1	2	25.35	1	2.68	.029		25.35		.37
RADIOLOGY	1	1	14.41		4.41	.015		14.41		.21
ROOM USE	1	1	33.00		3.00	.015		33.00		.49
CROSSOVERS/ALL OTH OUTPTNT	1	2	46.73		3.37	.029		46.73		.69
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	¢	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	Y	.00	.000	Y	.00	Y	.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITURES		FPORT FO			DEC		D7	AGE 14,239
MOP024	FEE-FOR-SERVICE		MONIII OF TATMENT IX	EIORI FO	I OAN	2004 111110	טאכ	2004	L	03/14/05
SHASTA COUNTY		ICES FOR MEDICALLY	NEEDY - BLIND							03/11/03
SHASTA COUNTI	SOMMAN OF SERV	TOES FOR MEDICABLI	NEEDI DIIND			N	IONT	HLY AVERA	GE -	
68 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAG	E COST					COST PER
00 221012220	002110	OR DAYS OF CARE	E111 E11.0 1 1 011.E0			PER ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	6 \$	4,498.69		9.78			642.67		66.16
COMM HOSP INPATIENT TOTAL	5	0	4,379.20		.00	.000	т	875.84	'	64.40
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
	Č .	ŭ	.00			• • • •		• • • •		

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	0	4,379.20	.00	.000	875.84	64.40
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	6	119.49	19.92	.088	59.75	1.76
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	25.35	12.68	.029	25.35	.37
RADIOLOGY	1	1	14.41	14.41	.015	14.41	.21
ROOM USE	1	1	33.00	33.00	.015	33.00	.49
CROSSOVERS/ALL OTH OUTPINT	1	2	46.73	23.37	.029	46.73	.69
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	24	642	\$ 83 , 651.94	\$ 130.30	9.441	\$ 3485.50	\$ 1230.18
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	24	642	83 , 651.94	130.30	9.441	3485.50	1230.18
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	7	\$ 3,493.28	\$ 499.04	.103	\$ 582.21	\$ 51.37
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	7	3,493.28	499.04	.103	582.21	51.37
@REHABILITATION FACILITY	4	49	\$ 321.33	\$ 6.56	.721	\$ 80.33	\$ 4.73
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

					=		. =-
INDEPENDENT FACILITY	4	49	321.33	6.56	.721	80.33	4.73
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6	8 \$	619.33	\$ 77.42	.118 \$	103.22	\$ 9.11
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6	8	619.33	77.42	.118	103.22	9.11
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 14,240
MOP024	FEE-FOR-SERVICE/	DENTAL					03/14/05
SHASTA COUNTY	SUMMARY OF SERVI		DY - BLIND				
					MON'	THLY AVERAG	E
68 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	28	533 \$	7,628.23	\$ 14.31	7.838 \$	272.44	\$ 112.18
DURABLE MED. EQUIP.	2	18	1,274.21	70.79	.265	637.11	18.74
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	1,546.56	1546.56	.015	1546.56	22.74
MEDICAL TRANSPORTATION	10	467	2,923.82	6.26	6.868	292.38	43.00
AMBULANCES/AIR TRANS	1	40	.00	.00	.588	.00	.00
OTHER TRANS	_	426	2,911.96	6.84	6.265	323.55	42.82

00 111011111111111111111111111111111111	орыко	ONTID OF DHILLION	DALBIDITORED	TIVETUION CODI	ONTID/ DITTO	CODITH	CODITER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	28	533	\$ 7,628.23	\$ 14.31	7.838		•
DURABLE MED. EQUIP.	2	18	1,274.21	70.79	.265	637.11	18.74
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	1 , 546.56	1546.56	.015	1546.56	22.74
MEDICAL TRANSPORTATION	10	467	2,923.82	6.26	6.868	292.38	43.00
AMBULANCES/AIR TRANS	1	40	.00	.00	.588	.00	.00
OTHER TRANS	9	426	2 , 911.96	6.84	6.265	323.55	42.82
OTHER SERVICES	1	1	11.86	11.86	.015	11.86	.17
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	1,187.21	395.74	.044	1187.21	17.46
PROSTHETICS	1	3	1,187.21	395.74	.044	1187.21	17.46
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	10.40	10.40	.015	10.40	.15
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	17	43	686.03	15.95	.632	40.35	10.09
@CALIF. CHILDREN SERVICES*	13	131	\$ 4,997.45	\$ 38.15	1.926	\$ 384.42	\$ 73.49
@XOVER EXCLUDING STATE HOSP**	33	77	\$ 17,221.32	\$ 223.65	1.132	\$ 521.86	\$ 253.25

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,241 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SHASTA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

							MC	NTHLY AVERA	AGE	
9,606 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	10,158	323,143	\$	14,548,783.34	\$	45.02	33.640	\$ 1432.25	\$	1514.55
@PHYSICIANS SERVICES	2,442	15,686	\$	376,960.12	\$	24.03	1.633	\$ 154.37	\$	39.24

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	569	818		37,249.54		45.54	.085		65.46		3.88
OFFICE VISITS	385	532		17,092.18		32.13	.055		44.40		1.78
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	205	264		19,445.16		73.66	.027		94.85		2.02
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
	0										
OB VISITS/COMPRE PERI		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	21	22		712.20		32.37	.002		33.91		.07
INPATIENT VISITS	185	882		41,167.35		46.68	.092		222.53		4.29
HOSPITAL VISITS	160	774		31,004.31		40.06	.081		193.78		3.23
CRITICAL CARE	24	80		9,608.79		120.11	.008		400.37		1.00
SNF/ICF/TRANS IP CARE	19	28		554.25		19.79	.003		29.17		.06
OPHTHALMOLOGICAL SERVICES	23	28		1,112.56		39.73	.003		48.37		.12
EXAMINATIONS	23	28		1,112.56		39.73	.003		48.37		.12
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	82	1,972		42,650.77		21.63	.205		520.13		4.44
	65	112					.012		483.40		
PRINCIPAL SURGEON				31,420.99		280.54					3.27
ASSISTANT SURGEON	10	9		2,064.65		229.41	.001		206.47		.21
ANESTHESIOLOGIST	29	1,851		9,165.13		4.95	.193		316.04		.95
OUTPATIENT SURGERY	137	1,700		37,873.00		22.28	.177		276.45		3.94
PRINCIPAL SURGEON	113	155		31,503.52		203.25	.016		278.79		3.28
ASSISTANT SURGEON	2	2		390.17		195.09	.000		195.09		.04
ANESTHESIOLOGIST	33	1,543		5,979.31		3.88	.161		181.19		.62
DIALYSIS	0	. 0		.00		.00	.000		.00		.00
PATHOLOGY	85	221		3,255.07		14.73	.023		38.29		.34
RADIOLOGY	468	1,182		89,950.07		76.10	.123		192.20		9.36
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
	-										
IMMUNIZATION AND INJECTION	35	577		20,125.73		34.88	.060		575.02		2.10
OTHER SERVICES/ALL X-OVERS	1,621	8,306		103,576.03		12.47	.865		63.90		10.78
@PHARMACY	7,860	105,097	\$	4,806,534.32	\$	45.73		\$	611.52	\$	500.37
PRESCRIPTION DRUGS	7 , 750	43,088		4,730,409.34		109.78	4.486		610.38		492.44
SNF/ICF	1,312	9 , 592		755 , 973.22		78.81	.999		576.20		78.70
OUTPATIENTS	6 , 505	33,496		3,974,436.12		118.65	3.487		610.98		413.75
MEDICAL SUPPLIES	795	62,009		76,124.98		1.23	6.455		95.75		7.92
@DENTIST	477	2,175	\$	83,795.67	\$	38.53		\$	175.67	Ś	8.72
VISITS - DIAGNOSTIC	316	1,309		16,184.98		12.36	.136		51.22		1.68
ORAL SURGERY	94	280		13,006.20		46.45	.029		138.36		1.35
DRUGS	5	9		145.00		16.11	.001		29.00		.02
	15	15									.12
ANESTHESIA				1,200.00		80.00	.002		80.00		
PERIODONTICS	22	23		2,385.00		103.70	.002		108.41		.25
ENDODONTICS	16	21		4,005.00		190.71	.002		250.31		.42
RESTORATIVE DENTISTRY	104	274		17,712.00		64.64	.029		170.31		1.84
PROSTHETICS	7	7		208.50		29.79	.001		29.79		.02
DENTURES, STAYPLATES	84	195		28 , 948.99		148.46	.020		344.63		3.01
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	Ō	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	21	42		.00		.00	.004		.00		.00
			E.C					OE C		_	
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE		دن	MONTH-OF-PAYMENT R	r CK	T LOV DAIN '	ZUU4 INKU L		2004	F	PAGE 14,242
		•									03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR MEDICAL	LY	NEEDY - DISABLED							
							MC				
9,606 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	5 (COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	267	755	\$	14,947.40	\$	19.80	.079	\$	55.98	\$	1.56
DIAGNOSTIC AND ANC. PROCED	87	95		3,748.64		39.46	.010		43.09		.39
				•							

EYE APPLIANCES	205	597		9,857.62		16.51	.062			1.03
OTHER OPTOMETRIC SERVICES	36	63		1,341.14		21.29	.007			.14
@CHIROPRACTOR	31		\$	768.45	\$	15.37	.005		\$.08
VISITS	14	25		413.82		16.55	.003			.04
OTHER SERVICES	17	25		354.63		14.19	.003	20.86		.04
@PODIATRIST	22	33	\$	561.49	\$	17.01	.003	\$ 25.52	\$.06
MEDICINE/INJECTIONS	6	10		282.80		28.28	.001	47.13		.03
SURGERY/ANES.	0	0		.00		.00	.000			.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	16	23		278.69		12.12	.002			.03
@HOME HEALTH AGENCY			\$	314,349.52	\$	28.10		\$ 2910.64	Ś	32.72
NURSE ANESTHESIST	1	•	\$	59.73		2.72	.002			.01
NURSE MIDWIFE	0		\$.00	Ś	.00	.000		\$.00
PEDIATRIC NURSE PRACTITIONER	· ·		\$.00	¢	.00	.000			.00
FAMILY NURSE PRACTITIONER	4		۶ \$	89.09	\$.001			.01
@TOTAL HOSPITAL	1,012		۶ S		د خ	207.91		\$ 1514.34		159.54
		.,	Ą	1,532,509.28	ې				Ş	
HOSP INPATIENT TOTAL	234	784		1,227,010.60		1565.06	.082			127.73
HSC HOSPITALS	20	141		188,969.09		1340.21	.015			19.67
NON-HSC HOSPITAL TOTAL	109	643		944,532.57		1468.95	.067			98.33
ACCOMMODATIONS	107	643		237,118.49		368.77	.067			24.68
ADMINISTRATIVE DAYS	4	15		2,565.30		171.02	.002			.27
TRANSITIONAL IP CARE	0	0		.00		.00	.000			.00
ALL OTHER ACCOM	103	628		234,553.19		373.49	.065			24.42
ANCILLARIES	109	0		707,414.08		.00	.000	6490.04		73.64
INPATIENT CROSSOVERS	108	0		93,508.94		.00	.000	865.82		9.73
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	827	6 , 587		305,498.68		46.38	.686	369.41		31.80
MEDICAL	204	519		53,155.05		102.42	.054	260.56		5.53
SURGERY	70	79		3,735.54		47.29	.008			.39
PATHOLOGY	226	1,492		17,197.76		11.53	.155			1.79
RADIOLOGY	177	330		26,518.31		80.36	.034			2.76
ROOM USE	296	425		17,654.04		41.54	.044			1.84
CROSSOVERS/ALL OTH OUTPTNT	624	3,742		187,237.98		50.04	.390			19.49
@COUNTY HOSPITAL TOTAL	9		\$	101,912.82	\$.020		Ś	10.61
CO HOSPITAL INPATIENT TOTAL	6	180	Υ	101,815.40	Y	565.64	.019		Y	10.60
	0	15		20,280.00		1352.00	.002			2.11
HSC HOSPITALS	Δ			•						
NON-HSC HOSPITALS TOTAL	4	165 165		81,535.40		494.15	.017			8.49
ACCOMMODATIONS	0			38,164.50		231.30	.017			3.97
ADMINISTRATIVE DAYS	0	0		.00		.00	.000			.00
TRANSITIONAL IP CARE		0		.00		.00	.000			.00
ALL OTHER ACCOM	4	165		38,164.50		231.30	.017			3.97
ANCILLARIES	4	0		43,370.90		.00	.000			4.51
INPATIENT CROSSOVERS	0	0		.00		.00	.000			.00
ALL OTHER INPATIENT	0	0		.00		.00	.000			.00
CO HOSP OUTPATIENT TOTAL	3	10		97.42		9.74	.001	32.47		.01
MEDICAL	0	0		.00		.00	.000			.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	1	2		34.34		17.17	.000			.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	8		63.08		7.89	.001	31.54		.01
	MEDI-CAL SERVICES AND E	XPENDITURE	S MONTI	H-OF-PAYMENT	REPORT	r for jan 2	004 THRU	DEC 2004	PA	AGE 14,243
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	MEDICALL	Y NEED	Y - DISABLED						. ,
								MONTHIV AUEDA	CF -	

		OR DAYS OF CARE			DEL	R UNIT/DAY	ספס פודר		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,004	7,181	\$	1,430,596.46		199.22			1424.90		
COMM HOSP INPATIENT TOTAL	228	604	7	1,125,195.20		1862.91	.063	7	4935.07	7	117.13
HSC HOSPITALS	18	126		168,689.09		1338.80	.013		9371.62		17.56
NON-HSC HOSPITALS TOTAL	105	478		862,997.17		1805.43	.050		8219.02		89.84
ACCOMMODATIONS	103	478		198,953.99		416.22	.050		1931.59		20.71
ADMINISTRATIVE DAYS	4	15		2,565.30		171.02	.002		641.33		.27
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	99	463		196,388.69		424.17	.048		1983.72		20.44
ANCILLARIES	105	0		664,043.18		.00	.000		6324.22		69.13
INPATIENT CROSSOVERS	108	0		93,508.94		.00	.000		865.82		9.73
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	825	6 , 577		305,401.26		46.43 102.42	.685		370.18		31.79
MEDICAL	204	519		53,155.05			.054		260.56		5.53
SURGERY	70	79		3,735.54		47.29	.008		53.36		.39
PATHOLOGY	225	1,490		17,163.42		11.52	.155		76.28		1.79
RADIOLOGY	177	330		26,518.31		80.36	.034		149.82		2.76
ROOM USE	296	425		17,654.04		41.54	.044		59.64		1.84
CROSSOVERS/ALL OTH OUTPINT	622 9	3,734	ċ	187,174.90	ć	50.13	.389	Ċ	300.92	ć	19.49
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	0	350 0	\$	181,313.99	Ş	518.04		Þ	20146.00	Þ	18.88
MENTALLY ILL	9	350		.00 181,313.99		518.04	.000		20146.00		18.88
@NURSING FACILITY	420	11,730	\$			130.17		Ċ	3635.56	ċ	158.96
TEV A-THEDMEDIATE	1	11 , 730	Ą	626.78	ş	89.54	.001	Ş	626.78	ş	.07
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	•	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	15	422		226,394.30		536.48	.044		15092.95		23.57
LEV B-TRANSITIONAL IP CARE		0		.00		.00	.000		.00		.00
LEV B-REGULAR	407	11,301		1,299,914.97		115.03	1.176		3193.89		135.32
@INTERMEDIATE CARE FACILDD	936	28,106	\$	4,710,264.90		167.59		\$	5032.33	\$	490.35
ICF DDH	578	17,261		2,617,467.00		151.64	1.797		4528.49	·	272.48
ICF DD	0 407 936 578 0 358	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	358	10,845		2,092,797.90		192.97	1.129		5845.80		217.86
@HEMODIALYSIS TOTAL	62	111	\$	53,031.06	\$	477.76	.012	\$		\$	5.52
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	62	111		53,031.06		477.76	.012		855.34		5.52
@REHABILITATION FACILITY	18	433	\$	5,603.50	\$	12.94	.045	\$		\$.58
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
	18	433	_	5,603.50	_	12.94	.045	_	311.31	_	.58
@LABORATORY FACILITY	447	1,981	\$	24,406.73	\$	12.32	.206	Ş		Ş	2.54
PATHOLOGY	391	1,854		19,835.47		10.70	.193		50.73		2.06
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	56 2 , 689	127 4 , 571	\$	4,571.26 296,966.22	\$	35.99 64.97	.013	ċ	81.63 110.44	ċ	.48 30.91
CLINIC CLINIC	2,009	4 , 371	Ą	1,450.52		19.34	.008	Ş	72.53	ş	.15
SURGICENTER	48	118		10,104.71		85.63	.000		210.51		1.05
HEROIN DETOX CLINIC	1	11		148.08		13.46	.001		148.08		.02
RURAL HEALTH CLINIC				285.262 91		65 32	455		108 26		29 70
				MONTH-OF-PAYMENT RI							AGE 14,244
MOP024	FEE-FOR-SERVICE								. 2001	-	03/14/05
SHASTA COUNTY		ICES FOR MEDICAL	LY 1	NEEDY - DISABLED							
							M	rnoi	HLY AVERA	.GE	
9,606 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST					COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	1,969		\$	619,685.82				\$	314.72	\$	
DURABLE MED. EQUIP.	155	557		76,093.05		136.61	.058		490.92		7.92
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	56	115	5,833.80	50.73	.012	104.18	.61	
MEDICAL TRANSPORTATION	326	24,733	97,188.66	3.93	2.575	298.12	10.12	
AMBULANCES/AIR TRANS	105	1,857	25,878.11	13.94	.193	246.46	2.69	
OTHER TRANS	210	22 , 757	59,223.28	2.60	2.369	282.02	6.17	
OTHER SERVICES	32	119	12,087.27	101.57	.012	377.73	1.26	
ACUPUNCTURE	4	10	164.90	16.49	.001	41.23	.02	
ADULT DAY HEALTH CARE CTR	39	567	39,462.30	69.60	.059	1011.85	4.11	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	94	8,522	251,657.80	29.53	.887	2677.21	26.20	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	261	631	6,680.88	10.59	.066	25.60	.70	
PHYSICAL THERAPIST	16	232	2,932.61	12.64	.024	183.29	.31	
PORTABLE X-RAY	3	5	71.96	14.39	.001	23.99	.01	
PROSTHETIST/ORTHOTISTS	28	73	6,562.11	89.89	.008	234.36	.68	
PROSTHETICS	28	73	6 , 562.11	89.89	.008	234.36	.68	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	1	1	34.61	34.61	.000	34.61	.00	
SPEECH AND AUDIOLOGY	53	97	6,716.21	69.24	.010	126.72	.70	
HOSPICE SERVICES	12	228	30,085.27	131.95	.024	2507.11	3.13	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	37	1,826	12,578.30	6.89	.190	339.95	1.31	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	1,103	95 , 883	83,623.36	.87	9.982	75.81	8.71	
@CALIF. CHILDREN SERVICES*	44	568	\$ 34,671.99	\$ 61.04	.059	\$ 788.00	\$ 3.61	
@XOVER EXCLUDING STATE HOSP**	2,462	37 , 024	\$ 422,627.71	\$ 11.41	3.854	\$ 171.66	\$ 44.00	

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,245 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

FEE-FOR-SERVICE/DENTAL

MOP024

SHASTA COUNTY	SUMMARY OF SERV	VICES FOR MEDICALLY N	EEDY - FAMILIES				
4.6 0.4					MON		
146,361 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	78,424	OR DAYS OF CARE	05 044 604 04	PER UNIT/DAY		USER	ELIGIBLE
		428,373 \$	25,941,601.31	\$ 60.56	2.927 \$		\$ 177.24
@PHYSICIANS SERVICES	20,464			\$ 40.02	.500 \$		
OUTPATIENT VISITS	12,575	18,662	747,755.98	40.07	.128	59.46	5.11
OFFICE VISITS	5,918	7,096	240,047.55	33.83	.048	40.56	1.64
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6,501	7,457	405,180.20	54.34	.051	62.33	2.77
PREVENTIVE CARE	35 582	34	1,356.73	39.90	.000	38.76	.01
OB VISITS/COMPRE PERI		3,967	97,829.61	24.66	.027	168.09	.67
OTHER OUTPATIENT	101	108	3,341.89	30.94	.001	33.09	.02
INPATIENT VISITS	1,140 1,063	4,305	314,533.79	73.06	.029	275.91	2.15
HOSPITAL VISITS	1,063	3,171	150,275.84	47.39	.022	141.37	1.03
CRITICAL CARE	191	1,131	164,130.85	145.12 42.37	.008	859.32	1.12
SNF/ICF/TRANS IP CARE	2	3	127.10	42.37	.000	63.55	.00
OPHTHALMOLOGICAL SERVICES	270	283	12,421.57		.002	46.01	.08
EXAMINATIONS	270	283	12,421.57	43.89	.002	46.01	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,062	9,707	511,506.55	52.69	.066	481.64	3.49
PRINCIPAL SURGEON	758	1,085	425,486.39	392.15	.007	561.33	2.91
ASSISTANT SURGEON	96 346 2,099	99	15,889.06	160.50	.001	165.51	.11
ANESTHESIOLOGIST	346	8,523	70,131.10	8.23	.058	202.69	.48
OUTPATIENT SURGERY	2,099	20,849	408,295.49	19.58	.142	194.52	2.79
PRINCIPAL SURGEON	1,800	2,248	346,466.43	154.12	.015	192.48	2.37
ASSISTANT SURGEON	38	38	3,627.03	154.12 95.45	.000	95.45	.02
ANESTHESIOLOGIST	414	18,563	58,202.03	3.14	.127	140.58	.40
DIALYSIS	23	93	7,456.84	80.18	.001	324.21	.05
PATHOLOGY	752	1,399	15,019.76	10.74	.010	19.97	.10
PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY	7,064	11,564	663,811.34	57.40	.079	93.97	4.54
PSYCHIATRY	2	2	146.58	73.29	.000	73.29	.00
IMMUNIZATION AND INJECTION	295	701	57,471.18	81.98	.005	194.82	.39
OTHER SERVICES/ALL X-OVERS	2,365	5,649	191,961.60	33.98	.039	81.17	1.31
@PHARMACY	40,090	124,406 \$	6,414,880.38		.850 \$		\$ 43.83
PRESCRIPTION DRUGS	39,798	102,924	6,306,387.55	61.27	.703	158.46	43.09
SNF/ICF	9	25	2,361.27	94.45	.000	262.36	.02
OUTPATIENTS	39,793	102,899	6,304,026.28	61.26	.703	158.42	43.07
MEDICAL SUPPLIES	1 0 6 5	21,482	108,492.83	5.05	.147	85.77	.74
Q DENUT OF	6 206	34,333 \$	1,124,964.01		.235 \$		
VISITS - DIAGNOSTIC	4,742	23,329	311,448.87	13.35	.159	65.68	2.13
ORAL SURGERY	4,742 1,059 94 159 207	2,534	169,602.94	66.93	.017	160.15	1.16
DRUGS	94	185	2,475.00	13.38	.001	26.33	.02
ANESTHESIA	159	159	15,000.00	94.34	.001	94.34	.10
PERIODONTICS	207	208	21,996.00	105.75	.001	106.26	.15
ENDODONTICS	573	905	166,663.75	184.16	.006	290.86	1.14
RESTORATIVE DENTISTRY	2,107	5 , 887	345,209.45	58.64	.040	163.84	2.36
	2 , 107	18	520.00	28.89	.000	30.59	.00
PROSTHETICS DENTURES, STAYPLATES	167	523	54,983.30	105.13	.004	329.24	.38
SPACE MAINTAINERS	43	55	6,211.00	112.93	.000	144.44	.04
MAXILLOFACIAL SERVICES	15	18	4,978.70	276.59	.000	331.91	.03
FRACTURES, DISLOCATIONS	4	4	4,700.00	1175.00	.000	1175.00	.03
•	216	261	20,275.00			93.87	.14
ORTHODONTIC SERVICES ALL OTHER SERVICES	119	247	900.00	77.68 3.64	.002	7.56	
							.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES M	ONIN-OF-PAIMENT RE	FORT FOR JAN 2	2004 INKU DE	C 2004	PAGE 14,246

03/14/05

SHASTA COUNTY	SUMMARY OF SER	VICES FOR MEDICALI	Y NE	EDY - FAMILIES			3.6	O N T III		C.E.	
146 261									HLY AVERA	ŒĔ	
146,361 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
_		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	2,229	6,466	\$	•	\$.044			Ş	1.00
DIAGNOSTIC AND ANC. PROCED	1,655	1,752		74,128.06		42.31	.012				.51
EYE APPLIANCES	1,528	4 , 577		68,489.30		14.96	.031		44.82		.47
OTHER OPTOMETRIC SERVICES	130	137		4,365.17		31.86	.001		33.58		.03
@CHIROPRACTOR	1,659	2 , 603	\$	43,277.14			.018	\$		\$.30
VISITS	1 , 658	2,601		43,243.70		16.63	.018		26.08		.30
OTHER SERVICES	1	2		33.44		16.72 21.73	.000		33.44		.00
@PODIATRIST	13	32	\$	695.41	\$	21.73	.000	\$	53.49	\$.00
MEDICINE/INJECTIONS	12	15		530.62		35.37	.000		44.22		.00
@PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	1		24.22		24.22	.000		24.22		.00
OTHER	1	16		140.57		8.79	. 000		140.57		.00
@HOME HEALTH AGENCY	476	1,478	\$	94,973.77	Ś		.010	Ś		Ś	.65
NURSE ANESTHESIST	16	168	\$			12.31	.001		129.27		.01
NURSE MIDWIFE	4	5	Ś		\$.000		440.73		.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	•	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	212	0 302	¢	6,996.70			.002				.05
@TOTAL HOSPITAL	14,183	72,457	¢	6,996.70 9,868,343.99			.495				67.42
HOSP INPATIENT TOTAL	1,253	5,813	Ÿ	8,046,291.60				۲	6421.62	ې	54.98
	81	592		0,040,291.00		1384.19 1393.79	.004				5.64
HSC HOSPITALS				825,125.96		1393.79	.004		10186.74		
NON-HSC HOSPITAL TOTAL	1,160	5,221		7,178,391.17		1374.91 464.78	.036		6188.27		49.05
ACCOMMODATIONS	1,158	5,221		2,426,620.30		464.78	.036		2095.53		16.58
ADMINISTRATIVE DAYS	4	72		16,422.30		228.09	.000		4105.58		.11
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,156	5,149		2,410,198.00		468.09	.035		2084.95		16.47
ANCILLARIES	1,160	0		4,751,770.87		.00	.000		4096.35		32.47
INPATIENT CROSSOVERS	16	0		42,774.47		.00	.000		2673.40		.29
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	13,429	66,644 6,218		1,822,052.39		27.34 32.69	.455		135.68 46.57		12.45
MEDICAL	4,365	•		203,286.56		32.69	.042		46.57		1.39
SURGERY	1,547	1,822		68 , 178.67		37.42 12.41	.012		44.07		.47
PATHOLOGY	4,761	17,617		218,668.08		12.41	.120		45.93		1.49
RADIOLOGY	3 , 506	4,781		295,334.56		61.77	.033		84.24		2.02
ROOM USE	11,007	15,242		546,984.98		35.89	.104		49.69		3.74
CROSSOVERS/ALL OTH OUTPINT	5,945	15,242 20,964		489,599.54		23.35	.143		82.35		3.35
@COUNTY HOSPITAL TOTAL	51	223	\$	17,050.90			.002	\$	334.33	\$.12
CO HOSPITAL INPATIENT TOTAL	_ 2	9				1239.34	.000		5577.01		.08
HSC HOSPITALS	2	9				1239.34	.000		5577.01		.08
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00			.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	50			5,896.88		27.56	.000				
	24	214 33				27.56 52.69			117.94 72.45		.04
MEDICAL				1,738.88			.000				.01
SURGERY	5	6		223.57		37.26	.000		44.71		.00
PATHOLOGY	14	80		993.71		12.42	.001		70.98		.01
RADIOLOGY	8	11		494.36		44.94	.000		61.80		.00
ROOM USE	36	49		2,052.09		41.88	.000		57.00		.01

CROSSOVERS/ALL OTH OUTPTNT 14 35 394.27 11.26 .000 28.16 .00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,247
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

SHASIA COUNTI	SUMMARI OF SERVI	CES FOR MEDICAL	DI I	NEEDI - FAMILIES								
146 261 FF FGFR FG					3.7.7					HLY AVERA		
146,361 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST				COST PER		COST PER
0.000,000,000,000,000,000,000,000,000,0	14 107	OR DAYS OF CARE	<u>^</u>	0 051 000 00		UNIT/DAY				USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14,137	72,234	\$	9,851,293.09		136.38			\$	696.84	Ş	67.31
COMM HOSP INPATIENT TOTAL	1,251	5,804		8,035,137.58		1384.41		40		6422.97		54.90
HSC HOSPITALS	79	583		813,971.94		1396.18		04		10303.44		5.56
NON-HSC HOSPITALS TOTAL	1,160	5,221		7,178,391.17		1374.91		36		6188.27		49.05
ACCOMMODATIONS	1 , 158	5,221		2,426,620.30		464.78		36		2095.53		16.58
ADMINISTRATIVE DAYS	4	72		16,422.30		228.09	. (000		4105.58		.11
TRANSITIONAL IP CARE	0	0		.00		.00	. (000		.00		.00
ALL OTHER ACCOM	1 , 156	5 , 149		2,410,198.00		468.09	. (35		2084.95		16.47
ANCILLARIES	1,160	0		4,751,770.87		.00	. (000		4096.35		32.47
INPATIENT CROSSOVERS	16	0		42,774.47		.00	. (000		2673.40		.29
ALL OTHER INPATIENT	0	0		.00		.00	. (000		.00		.00
COMM HOSP OUTPATIENT TOTAL	13,384	66,430		1,816,155.51		27.34	. 4	154		135.70		12.41
MEDICAL	4,342	6,185		201,547.68		32.59	. ()42		46.42		1.38
SURGERY	1,542	1,816		67,955.10		37.42	. (12		44.07		.46
PATHOLOGY	4,747	17,537		217,674.37		12.41		20		45.86		1.49
RADIOLOGY	3,498	4,770		294,840.20		61.81		33		84.29		2.01
ROOM USE	10,974	15,193		544,932.89		35.87		04		49.66		3.72
CROSSOVERS/ALL OTH OUTPTNT	,	20,929		489,205.27		23.37		43		82.48		3.34
@STATE HOSPITAL	0	0	\$.00	\$.00			\$.00	Ś	.00
MENTALLY ILL	0	0	т.	.00	7	.00		000	7	.00	т	.00
DEVELOP. DISABLED	0	0		.00		.00		000		.00		.00
@NURSING FACILITY	5	44	Ś	20,402.08	\$	463.68		000	\$	4080.42	Ś	.14
LEV A-INTERMEDIATE	0	0	т.	.00	7	.00		000	7	.00	т	.00
LEV B-REHAB MD	0	0		.00		.00		000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00		000		.00		.00
LEV B-SUBACUTE HSPTL BASED	1	31		17,971.31		579.72		000		17971.31		.12
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00		000		.00		.00
LEV B-REGULAR	4	1.3		2,430.77		186.98		000		607.69		.02
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ś	.00		000	\$.00	Ś	.00
ICF DDH	0	0	۲	.00	Υ	.00		000	۲	.00	7	.00
ICF DD	0	0		.00		.00		000		.00		.00
ICF DDN/DDCN	0	0		.00		.00		000		.00		.00
@HEMODIALYSIS TOTAL	21	1,083	\$	52,878.24	\$	48.83			\$		Ś	.36
HOSPITAL BASED	0	1,003	Y	.00	٧	.00		000	٧	.00	Y	.00
HEMODIALYSIS CENTER	21	1,083		52,878.24		48.83		07		2518.01		.36
@REHABILITATION FACILITY	35	372	\$	5,420.87	\$	14.57			\$	154.88	Ś	.04
HOSPITAL BASED	12	71	Y	1,726.40	٧	24.32		000	٧	143.87	Y	.01
INDEPENDENT FACILITY	23	301		3,694.47		12.27		002		160.63		.03
@LABORATORY FACILITY	6 , 523	22,849	\$	327,144.26	\$	14.32		.56	\$	50.15	Ċ	2.24
PATHOLOGY	6,508	22,849	ې	323,583.70	Ą	14.18		.56	۲	49.72	۲	2.24
	15	22,010				114.16				237.37		.02
XO AND OTHERS			ċ	3,560.56				000	ċ		ċ	
@ORGANIZED OUTPATIENT CLINIC	28,407	43,711	\$	4,358,951.22	\$	99.72			\$	153.45	Þ	29.78 1.22
CLINIC	1,851	5,508 926		178,279.81		32.37		38		96.32		
SURGICENTER	230			46,689.20		50.42		006		203.00		.32
HEROIN DETOX CLINIC	2	26		324.60		12.48		000		162.30		.00
RURAL HEALTH CLINIC	26,632	37,251		4,133,657.61	DDD05-	110.97		255	D=-	155.21	_	28.24
#CALIF DEPT OF HEALTH SERV			15 N	MONTH-OF-PAYMENT I	KEPOKT	FUK JAN	∠∪∪4 Th	1KU	DEC	∠004	P	AGE 14,248
MOP024	FEE-FOR-SERVICE/											03/14/05
SHASTA COUNTY	SUMMARY OF SERVI	CES FOR MEDICAL	∟Ү Г	NEEDY - FAMILIES								

146,361 ELIGIBLES	USERS	UNITS OF SERVIC	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	6 , 776	44,850	\$ •	\$ 12.07	.306	•	·
DURABLE MED. EQUIP.	312	677	41 , 879.49	61.86	.005	134.23	.29
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	70	138	8,583.00	62.20	.001	122.61	.06
MEDICAL TRANSPORTATION	769	11 , 884	237,021.59	19.94	.081	308.22	1.62
AMBULANCES/AIR TRANS	744	10 , 159	156,216.39	15.38	.069	209.97	1.07
OTHER TRANS	20	1,648	7,558.49	4.59	.011	377.92	.05
OTHER SERVICES	58	77	73,246.71	951.26	.001	1262.87	.50
ACUPUNCTURE	12	18	373.43	20.75	.000	31.12	.00
ADULT DAY HEALTH CARE CTR	2	3	208.74	69.58	.000	104.37	.00
GENETIC DISEASE TESTING	247	247	25,863.00	104.71	.002	104.71	.18
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	3	14	193.35	13.81	.000	64.45	.00
OPTICIAN	1,741	3,974	41,053.94	10.33	.027	23.58	.28
PHYSICAL THERAPIST	305	3,403	47,964.55	14.09	.023	157.26	.33
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	248	332	23,648.69	71.23	.002	95.36	.16
PROSTHETICS	245	329	23,551.80	71.59	.002	96.13	.16
ORTHOTICS	3	3	96.89	32.30	.000	32.30	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	93	285	16,142.87	56.64	.002	173.58	.11
HOSPICE SERVICES	2	17	2,260.83	132.99	.000	1130.42	.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,818	8,906	85,035.29	9.55	.061	30.18	.58
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	307	14,952	11,249.98	.75	.102	36.64	.08
@CALIF. CHILDREN SERVICES*	364	5,592	\$ 1,387,593.52	\$ 248.14	.038	\$ 3812.07	\$ 9.48
@XOVER EXCLUDING STATE HOSP**	294	1,583	\$ 67,211.07	\$ 42.46	.011	\$ 228.61	\$.46

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,249
MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

DIMIDIN COUNTY	DOLLINITICE OF DELIC	(ATCHO LOIC LIMPICIA		101111				
						MO	NTHLY AVERA	GE
171,206 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	104,181	1,141,553	\$	65,043,320.02	\$ 56.98	6.668	\$ 624.33	\$ 379.91
@PHYSICIANS SERVICES	25 , 208	95 , 415	\$	3,428,917.95	\$ 35.94	.557	\$ 136.02	\$ 20.03
OUTPATIENT VISITS	13,170	19,514		786,648.61	40.31	.114	59.73	4.59
OFFICE VISITS	6 , 325	7,654		258,202.94	33.73	.045	40.82	1.51
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	6 , 711	7 , 728		425,159.52	55.02	.045	63.35	2.48
PREVENTIVE CARE	35	34		1,356.73	39.90	.000	38.76	.01
OB VISITS/COMPRE PERI	582	3 , 967		97,829.61	24.66	.023	168.09	.57
OTHER OUTPATIENT	123	131		4,099.81	31.30	.001	33.33	.02
INPATIENT VISITS	1,332	5,208		356,806.65	68.51	.030	267.87	2.08
HOSPITAL VISITS	1,228	3 , 960		181,960.06	45.95	.023	148.18	1.06
CRITICAL CARE	218	1,217		174,165.24	143.11	.007	798.92	1.02
SNF/ICF/TRANS IP CARE	21	31		681.35	21.98	.000	32.45	.00
OPHTHALMOLOGICAL SERVICES	301	322		14,017.58	43.53	.002	46.57	.08

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	301	322	14,017.58	43.53	.002	46.57	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,149	11,707	560,814.93	47.90	.068	488.09	3.28
PRINCIPAL SURGEON	827	1,203	462,561.38	384.51	.007	559.32	2.70
ASSISTANT SURGEON	107	109	18,374.78	168.58	.001	171.73	.11
ANESTHESIOLOGIST	376	10,395	79 , 878.77	7.68	.061	212.44	.47
OUTPATIENT SURGERY	2,244	22,684	451,257.00	19.89	.132	201.09	2.64
PRINCIPAL SURGEON	1,920	2,411	382,467.25	158.63	.014	199.20	2.23
ASSISTANT SURGEON	40	40	4,017.20	100.43	.000	100.43	.02
ANESTHESIOLOGIST	452	20,233	64,772.55	3.20	.118	143.30	.38
DIALYSIS	23	93	7,456.84	80.18	.001	324.21	.04
PATHOLOGY	840	1,629	18,408.76	11.30	.010	21.92	.11
RADIOLOGY	7,561	12,804	756 , 348.26	59.07	.075	100.03	4.42
PSYCHIATRY	2	2	146.58	73.29	.000	73.29	.00
IMMUNIZATION AND INJECTION	333	1,302	79,805.98	61.29	.008	239.66	.47
OTHER SERVICES/ALL X-OVERS	6,230	20,150	397 , 206.76	19.71	.118	63.76	2.32
@PHARMACY	60,206	342 , 671	\$ 15,795,788.63	\$ 46.10	2.002	\$ 262.36	\$ 92.26
PRESCRIPTION DRUGS	59 , 691	220,605	15,547,037.76	70.47	1.289	260.46	90.81
SNF/ICF	7,030	55 , 284	3,174,000.57	57.41	.323	451.49	18.54
OUTPATIENTS	52 , 779	165 , 321	12,373,037.19	74.84	.966	234.43	72.27
MEDICAL SUPPLIES	2,846	122,066	248 , 750.87	2.04	.713	87.40	1.45
@DENTIST	7 , 605	38 , 965	\$ 1,315,463.58	\$ 33.76	.228	\$ 172.97	\$ 7.68
VISITS - DIAGNOSTIC	5 , 625	26 , 211	351,233.25	13.40	.153	62.44	2.05
ORAL SURGERY	1,229	3,145	195,307.14	62.10	.018	158.92	1.14
DRUGS	101	199	2,665.00	13.39	.001	26.39	.02
ANESTHESIA	178	178	16,500.00	92.70	.001	92.70	.10
PERIODONTICS	244	246	26,088.00	106.05	.001	106.92	.15
ENDODONTICS	598	941	173,813.75	184.71	.005	290.66	1.02
RESTORATIVE DENTISTRY	2,286	6 , 348	377 , 106.45	59.41	.037	164.96	2.20
PROSTHETICS	29	32	908.50	28.39	.000	31.33	.01
DENTURES, STAYPLATES	407	1,027	134 , 776.79	131.23	.006	331.15	.79
SPACE MAINTAINERS	43	55	6,211.00	112.93	.000	144.44	.04

MAXILLOFACIAL SERVICES	15	18	4,978.70	276.59	.000	331.91	.03
FRACTURES, DISLOCATIONS	4	4	4,700.00	1175.00	.000	1175.00	.03
ORTHODONTIC SERVICES	216	261	20,275.00	77.68	.002	93.87	.12
ALL OTHER SERVICES	153	300	900.00	3.00	.002	5.88	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU I	DEC 2004	PAGE 14,250
MOP024	FEE-FOR-SERVICE/DE	NTAL					03/14/05
SHASTA COUNTY	SUMMARY OF SERVICE	S FOR MEDICALLY	NEEDY - TOTAL				

SHASTA COUNTY	SUMMARY OF SER	VICES FOR MEDICA	LLY NI	EEDY - TOTAL						~-	
			_						HLY AVERA	GE	
171,206 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES							COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	2,824	8 , 071	\$	179,815.97	\$	22.28	.047	\$	63.67	\$	1.05
DIAGNOSTIC AND ANC. PROCED	1,763	1,871		78,792.83		42.11	.011		44.69		.46
EYE APPLIANCES	1,999	5,882		93,424.54		15.88	.034		46.74		.55
OTHER OPTOMETRIC SERVICES	229	318		7,598.60		23.89	.002		33.18		.04
@CHIROPRACTOR	1,696	2 , 659	\$		\$.016	\$	26.02	\$.26
VISITS	1,674	2,628		43,690.96		16.63	.015		26.10		.26
OTHER SERVICES	22	31		438.27		14.14	.000		19.92		.00
@PODIATRIST	367	477	\$	3,616.83	\$	7.58	.003	\$	9.86	\$.02
MEDICINE/INJECTIONS	18	25		813.42		32.54	.000		45.19		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	1		24.22		24.22	.000		24.22		.00
OTHER	349	451		2,779.19		6.16	.003		7.96		.02
@HOME HEALTH AGENCY	596	14,460	\$		\$	31.99	.084	\$	776.09	\$	2.70
NURSE ANESTHESIST	19	192	\$		\$.001		112.57		.01
NURSE MIDWIFE	4	5	\$		\$	352.58	.000		440.73	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000			\$.00
FAMILY NURSE PRACTITIONER	219	310	\$		\$	23.10	.002		32.70		.04
@TOTAL HOSPITAL	15,811	82 , 050	\$			143.08	.479		742.50		68.57
HOSP INPATIENT TOTAL	1,710	6,649	Ψ	9,557,539.33	Ψ.	1437.44	.039	Τ.	5589.20	Τ.	55.82
HSC HOSPITALS	101	733		1,014,095.05		1383.49	.004		10040.55		5.92
NON-HSC HOSPITAL TOTAL	1,273	5 , 916		8,226,990.65		1390.63	.035		6462.68		48.05
ACCOMMODATIONS	1,269	5,916		2,690,559.75		454.79	.035		2120.22		15.72
ADMINISTRATIVE DAYS	8	87		18,987.60		218.25	.001		2373.45		.11
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,263	5,829		2,671,572.15		458.32	.034		2115.26		15.60
ANCILLARIES	1,273	0		5,536,430.90		.00	.000		4349.12		32.34
INPATIENT CROSSOVERS	343	0		316,453.63		.00	.000		922.61		1.85
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	14,661	75,401		2,182,089.69		28.94	.440		148.84		12.75
		•		2,162,069.69		38.03			56.11		1.50
MEDICAL	4,580 1,620	6 , 757		72,323.24			.039				.42
SURGERY		1,904		236,221.99		37.98 12.34	.011		44.64 47.26		
PATHOLOGY	4,998	19,146				12.34	.112				1.38
RADIOLOGY	3,689	5,133		324,005.30		63.12	.030		87.83		1.89
ROOM USE	11,317	15,692		565,551.37		36.04	.092		49.97		3.30
CROSSOVERS/ALL OTH OUTPINT	•	26,769		727,002.53		27.16	.156		104.42		4.25
@COUNTY HOSPITAL TOTAL	60	413	\$		\$				1982.73	Ş	.69
CO HOSPITAL INPATIENT TOTAL	8	189		112,969.42		597.72	.001		14121.18		.66
HSC HOSPITALS	4	24		31,434.02		1309.75	.000		7858.51		.18
NON-HSC HOSPITALS TOTAL	4	165		81,535.40		494.15	.001		20383.85		.48
ACCOMMODATIONS	4	165		38,164.50		231.30	.001		9541.13		.22
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	165		38,164.50		231.30	.001		9541.13		.22
ANCILLARIES	4	0		43,370.90		.00	.000		10842.73		.25
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	53	224	5,994.30	26.76	.001	113.10	.04
MEDICAL	24	33	1,738.88	52.69	.000	72.45	.01
SURGERY	5	6	223.57	37.26	.000	44.71	.00
PATHOLOGY	15	82	1,028.05	12.54	.000	68.54	.01
RADIOLOGY	8	11	494.36	44.94	.000	61.80	.00
ROOM USE	36	49	2,052.09	41.88	.000	57.00	.01
CROSSOVERS/ALL OTH OUTPTNT	16	43	457.35	10.64	.000	28.58	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN 2	004 THRU DEC	2004	PAGE 14,251
MOP024	FEE-FOR-SERVICE/DENT.	AL					03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES	FOR MEDICALLY	NEEDY - TOTAL				

SHASIA COUNTI	SOMMANT OF SERV	VICES FOR MEDICALLI	NEEDI IOIAL		MOI	NTHLY AVERA	CE	
171,206 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			-	COST PER
1/1,200 ELIGIBLES	USERS		EXPENDITURES	PER UNIT/DAY		USER		ELIGIBLE
OCCUMUNITARY HOCDITARY TOTAL	15 , 757	OR DAYS OF CARE	11 600 665 30			\$ 737.49		-
@COMMUNITY HOSPITAL TOTAL	15,/5/	81,637 \$, ,	\$ 142.35	.4//		Ş	67.88
COMM HOSP INPATIENT TOTAL	1,702	6,460	9,444,569.91	1462.01		5549.10		55.16
HSC HOSPITALS	97	709	982,661.03	1385.98	.004	10130.53		5.74
NON-HSC HOSPITALS TOTAL	1,269 1,265	5,751	8,145,455.25	1416.35 461.21	.034	6418.80		47.58
ACCOMMODATIONS	1,265	5,751	2,652,395.25	461.21	.034	2096.76		15.49
ADMINISTRATIVE DAYS	8	87 0	18,987.60	218.25	.001	2373.45		.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	1,259	5,664	2,633,407.65	464.94	.033	2091.67		15.38
ANCILLARIES	1,269	0	5,493,060.00	.00	.000	4328.65		32.08
INPATIENT CROSSOVERS	343	0	316,453.63	.00	.000	922.61		1.85
ALL OTHER INPATIENT	0	75,177	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL		75 , 177	2,176,095.39	28.95	.439	148.90		12.71
MEDICAL	4,557	6 , /24	255,246.38	37.96	.039	56.01		1.49
SURGERY	1,615	1,898	72,099.67	37.99	.011	44.64		.42
PATHOLOGY	4,983	19,064	235,193.94	12.34	.111	47.20		1.37
RADIOLOGY	2 601	5,122	323,510.94	63.16	.030	87.89		1.89
ROOM USE	11,284	15,643	563,499.28	36.02	.091	49.94		3.29
CROSSOVERS/ALL OTH OUTPTNT	6,946	26,726	726,545.18	27.18	.156	104.60		4.24
@STATE HOSPITAL	9	350 \$		\$ 518.04	.002	\$ 20146.00	\$	1.06
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	9	350		518.04	.002	20146.00		1.06
@NURSING FACILITY	6,226	183,849 \$	19,769,417.39	\$ 107.53	1.074	\$ 3175.30	\$	115.47
	454	11,283	805,210.16	71.36 106.11 362.12	.066	1773.59	·	4.70
LEV B-REHAB MD	12	366	38,835.12	106.11	.002	3236.26		.23
LEV B-SUBACUTE FREESTANDING		361	130,726.87	362.12	.002	11884.26		.76
LEV B-SUBACUTE HSPTL BASED	16	453	244,365.61	539.44	.003	15272.85		1.43
LEV B-TRANSITIONAL IP CARE	_	0	.00	.00	.000	.00		.00
LEV B-REGULAR		171,386	18,550,279.63	108.24	1.001	3224.45		108.35
@INTERMEDIATE CARE FACILDD	1,036	31,102 \$	5,190,338.02			\$ 5009.98	Ś	30.32
ICF DDH	651	19,453	2,936,457.61	150.95	.114	4510.69	4	17.15
		0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0 385	11,649	2,253,880.41	193.48	.068	5854.23		13.16
@HEMODIALYSIS TOTAL	137	1,267 \$		\$ 110.82		\$ 1024.93	Ś	.82
HOSPITAL BASED	0	1,207	.00	.00	.000	.00	Y	.00
	137	1,267		110.82	.007	1024.93		.82
@REHABILITATION FACILITY	58	860 \$		\$ 13.40		\$ 198.66	Ċ	.07
HOSPITAL BASED	13	77	1,902.86	24.71	.000	146.37	۲	.01
INDEPENDENT FACILITY	15	783	9,619.30	12.29	.005	213.76		.06
@LABORATORY FACILITY	45 7,103 6,942	25 , 138 \$		\$ 14.12	.147		Ċ	2.07
	7,103		334,930.21				Ą	2.07
PATHOLOGY	0,942	24,816	345,439.49	13.92	.145	49.76		
XO AND OTHERS	161	322	9,498.72	29.50	.002	59.00	Ċ	.06
@ORGANIZED OUTPATIENT CLINIC	33,056	51,535 \$.301		Þ	27.99
CLINIC	1,871	5 , 583	179,730.33	32.19	.033	96.06		1.05

1,197 79,700.61 66.58 .007 472.68 12.78 .000 213.10 SURGICENTER 374 .47 37 HEROIN DETOX CLINIC 3 157.56 .00 4,532,423.02 101.36 44,718 RURAL HEALTH CLINIC 31,141 . 261 145.55 26.47 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,252 03/14/05 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

						MC	NTHLY AVERA	GE -	
171,206 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	11,616	262,177	\$	1,622,074.81	\$ 6.19	1.531	\$ 139.64	\$	9.47
DURABLE MED. EQUIP.	566	1,870		164,389.86	87.91	.011	290.44		.96
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	261	498		61,036.02	122.56	.003	233.85		.36
MEDICAL TRANSPORTATION	2,126	62,108		453,633.50	7.30	.363	213.37		2.65
AMBULANCES/AIR TRANS	874	12,088		183,106.32	15.15	.071	209.50		1.07
OTHER TRANS	1,231	49,618		184,186.47	3.71	.290	149.62		1.08
OTHER SERVICES	180	402		86,340.71	214.78	.002	479.67		.50
ACUPUNCTURE	16	28		538.33	19.23	.000	33.65		.00
ADULT DAY HEALTH CARE CTR	142	1,677		116,769.18	69.63	.010	822.32		.68
GENETIC DISEASE TESTING	247	247		25 , 863.00	104.71	.001	104.71		.15
IHMC, MODEL-NF, NF, AIDS, MSSP	333	10,058		328,072.22	32.62	.059	985.20		1.92
OCCUPATIONAL THERAPIST	3	14		193.35	13.81	.000	64.45		.00
OPTICIAN	2,328	5,421		57,257.43	10.56	.032	24.60		.33
PHYSICAL THERAPIST	321	3 , 635		50 , 897.16	14.00	.021	158.56		.30
PORTABLE X-RAY	31	72		145.93	2.03	.000	4.71		.00
PROSTHETIST/ORTHOTISTS	306	476		32 , 965.16	69.25	.003	107.73		.19
PROSTHETICS	303	473		32 , 868.27	69.49	.003	108.48		.19
ORTHOTICS	3	3		96.89	32.30	.000	32.30		.00
PSYCHOLOGIST	1	1		34.61	34.61	.000	34.61		.00
SPEECH AND AUDIOLOGY	215	563		36,183.73	64.27	.003	168.30		.21
HOSPICE SERVICES	20	441		56 , 206.54	127.45	.003	2810.33		.33
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	2 , 856	10,733		97 , 623.99	9.10	.063	34.18		.57
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	2,526	164,335		140,264.80		.960	55.53		.82
@CALIF. CHILDREN SERVICES*	421	6,291	\$	1,427,262.96			\$ 3390.17		8.34
@XOVER EXCLUDING STATE HOSP**	7,105	72,974	\$	1,353,914.68	\$ 18.55	.426	\$ 190.56	\$	7.91
0* TOTALS IN THESE LINES ARE GIV	EN AS A SEPARA	ATE INFORMATION	ITEM ON	NLY;					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SHASTA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,253
MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

----- MONTHLY AVERAGE -----16,105 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 7,869 70,364 \$ 2,432,056.21 \$ 34.56 4.369 \$ 309.07 \$ 151.01 @TOTAL, ALL PROVIDERS

 2,432,036.21
 \$ 34.36
 4.369
 \$ 309.07
 \$ 131.01

 207,293.63
 \$ 38.55
 .334
 \$ 116.26
 \$ 12.87

 72,925.76
 41.32
 .110
 61.75
 4.53

 20,180.39
 34.91
 .036
 40.20
 1.25

 28.07
 28.07
 .000
 28.07
 .00

 40,802.20
 54.62
 .046
 65.28
 2.53

 81.24
 40.62
 .000
 40.62
 .01

 10,768.41
 26.26
 .025
 160.72
 .67

 @PHYSICIANS SERVICES 1,783 5**,**377 1,181 1,765 OUTPATIENT VISITS 502 578 OFFICE VISITS 1 1 HOME VISITS 625 747 EMERGENCY ROOM 2 2 PREVENTIVE CARE OB VISITS/COMPRE PERI 67 410

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	26	27		1,065.45		39.46	.002		40.98		.07
INPATIENT VISITS	100	316		20,255.04		64.10	.020		202.55		1.26
HOSPITAL VISITS	89	250		12,201.76		48.81	.016		137.10		.76
CRITICAL CARE	14	61		7,848.28		128.66	.004		560.59		.49
SNF/ICF/TRANS IP CARE	2	5		205.00		41.00	.000		102.50		.01
OPHTHALMOLOGICAL SERVICES	35	40		1,706.92		42.67	.002		48.77		.11
EXAMINATIONS	35	40		1,706.92		42.67	.002		48.77		.11
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	60	433		31,498.90		72.75	.027		524.98		1.96
PRINCIPAL SURGEON	48	70		27,643.26		394.90	.004		575.90		1.72
ASSISTANT SURGEON	1	1		121.61		121.61	.000		121.61		.01
ANESTHESIOLOGIST	16	362		3,734.03		10.32	.022		233.38		.23
OUTPATIENT SURGERY	139	1,271		22,186.29		17.46	.079		159.61		1.38
PRINCIPAL SURGEON	114	133		17,175.22		129.14	.008		150.66		1.07
ASSISTANT SURGEON	2	2		210.72		105.36	.000		105.36		.01
ANESTHESIOLOGIST	33	1,136		4,800.35		4.23	.071		145.47		.30
DIALYSIS	0	, 0		.00		.00	.000		.00		.00
PATHOLOGY	71	124		1,295.17		10.44	.008		18.24		.08
RADIOLOGY	543	890		44,250.68		49.72	.055		81.49		2.75
PSYCHIATRY	2	2		146.58		73.29	.000		73.29		.01
IMMUNIZATION AND INJECTION	16	31		492.25		15.88	.002		30.77		.03
OTHER SERVICES/ALL X-OVERS	185	505		12,536.04		24.82	.031		67.76		.78
@PHARMACY	3,561	16,755	Ś	565,331.42	Ś	33.74	1.040	Ś	158.76	Ś	35.10
PRESCRIPTION DRUGS	3,528	7,705		537,416.88		69.75	.478		152.33		33.37
SNF/ICF	10	53		4,961.87		93.62	.003		496.19		.31
		7,652		532,455.01		69.58	.475		151.35		33.06
MEDICAL SUPPLIES	137	9,050		27,914.54		3.08	.562		203.76		1.73
@DENTIST	577	3,095	\$	102,490.45	Ś	33.11	.192		177.63	Ś	6.36
VISITS - DIAGNOSTIC	446	2,173	-	31,359.20	,	14.43	.135	-	70.31	т	1.95
ORAL SURGERY	78	224		18,656.25		83.29	.014		239.18		1.16
DRUGS	1 4	25		385.00		15.40	.002		27.50		.02
ANESTHESIA	23	23		2,200.00		95.65	.001		95.65		.14
PERIODONTICS	2	2		236.00		118.00	.000		118.00		.01
ENDODONTICS	3,518 137 577 446 78 14 23 2	69		13,198.00		191.28	.004		338.41		.82
RESTORATIVE DENTISTRY	164	504		31,091.00		61.69	.031		189.58		1.93
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	4		219.00		54.75	.000		219.00		.01
SPACE MAINTAINERS	4	5		671.00		134.20	.000		167.75		.04
MAXILLOFACIAL SERVICES	2	3		250.00		83.33	.000		125.00		.02
FRACTURES, DISLOCATIONS	1	1		500.00		500.00	.000		500.00		.03
ORTHODONTIC SERVICES	38	50		3,650.00		73.00	.003		96.05		.23
ALL OTHER SERVICES	14	12		75.00		6.25	.001		5.36		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		IRES M		EPOR			DEC 2		P	AGE 14,254
MOP024	FEE-FOR-SERVICE/DEN		I	IOI,III OI IIIIIIIIIIIIIIIIII			2001 111110	200 2			03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES		NO SC	OC 03 04 2A 45 4A	4K 41	м 5к 7т 8	2 8E 8W				55/11/05
			0 00		11	- 310 / - 0.					

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 16,105 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 173 504 \$ 11,182.17 \$ 22.19 .031 \$ 64.64 \$.69 124 131 42.31 44.70 DIAGNOSTIC AND ANC. PROCED 5,542.57 .008 EYE APPLIANCES 126 371 5,570.99 15.02 .023 44.21 .35 OTHER OPTOMETRIC SERVICES 2 2 68.61 34.31 .000 34.31 .00 72 1,747.24 \$ 16.33 24.27 \$ @CHIROPRACTOR 107 .007 \$.11 1,747.24 VISITS 72 107 16.33 .007 24.27 .11 .000 .00 OTHER SERVICES 0 0 .00 .00 .00 0 .00 \$.00 \$ @PODIATRIST 0 .000 \$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	71	6,230	\$ 163,566.51	\$ 26.25	.387	\$ 2303.75	\$ 10.16
NURSE ANESTHESIST	1	6	\$ 104.91	\$ 17.49	.000	\$ 104.91	\$.01
NURSE MIDWIFE	1	1	\$ 182.94	\$ 182.94	.000	\$ 182.94	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	23	31	\$ 647.02	\$ 20.87	.002	\$ 28.13	\$.04
@TOTAL HOSPITAL	1,298	6,769	\$ 704,778.26	\$ 104.12	.420	\$ 542.97	\$ 43.76
HOSP INPATIENT TOTAL	88	401	529,848.92	1321.32	.025	6021.01	32.90
HSC HOSPITALS	9	38	53,683.00	1412.71	.002	5964.78	3.33
NON-HSC HOSPITAL TOTAL	79	363	476,165.92	1311.75	.023	6027.42	29.57
ACCOMMODATIONS	79	363	188,902.94	520.39	.023	2391.18	11.73
ADMINISTRATIVE DAYS	1	5	1,156.50	231.30	.000	1156.50	.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	78	358	187,746.44	524.43	.022	2407.01	11.66
ANCILLARIES	79	0	287,262.98	.00	.000	3636.24	17.84
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,244	6,368	174,929.34	27.47	.395	140.62	10.86
MEDICAL	295	389	14,001.32	35.99	.024	47.46	.87
SURGERY	150	173	5,683.14	32.85	.011	37.89	.35
PATHOLOGY	478	1,884	24,612.53	13.06	.117	51.49	1.53
RADIOLOGY	344	466	25 , 513.98	54.75	.029	74.17	1.58
ROOM USE	1,020	1,404	51,120.03	36.41	.087	50.12	3.17
CROSSOVERS/ALL OTH OUTPINT	595	2,052	53,998.34	26.31	.127	90.75	3.35
@COUNTY HOSPITAL TOTAL	9	20	\$ 5,390.96	\$ 269.55	.001	\$ 599.00	\$.33
CO HOSPITAL INPATIENT TOTAL	1	4	4,780.00	1195.00	.000	4780.00	.30
HSC HOSPITALS	1	4	4,780.00	1195.00	.000	4780.00	.30
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

	_	_							
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00 .00 .00 .00 610.96 212.55 .00 52.20 .00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	8	16		610.96	38.19 42.51 .00 10.44 .00	.001	76.37 42.51		.04
MEDICAL	5	5		212.55	42.51	.000	42.51		
	0	0		.00	.00	.000	.00 17.40 .00		.00
PATHOLOGY	3	5		52.20	10.44	.000	17.40		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	5	5 1				. 000	39.05		.01
CROSSOVERS/ALL OTH OUTPTNT				150.96	150.96	.000			.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDIT	JRES MO	ONTH-OF-PAYMENT R	REPORT FOR JAN	2004 THRU D	EC 2004	Р	AGE 14,255
MOP024	FEE-FOR-SERVICE	E/DENTAL							03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 SHASTA COUNTY 16,105 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	SUMMARY OF SERV	VICES FOR MIC -	NO SO	C 03 04 2A 45 4A	4K 4M 5K 7T 82	2 8E 8W		~-	
16 105 51 70757 70			~=		311003.00 00.00	MOI	NTHLY AVERA		
16,105 ELIGIBLES	USERS	UNITS OF SERVI	JE 	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
0.000,000,000,000,000,000,000,000,000,0	1 000	OR DAYS OF CAR	KE ^	600 207 20	PER UNIT/DAY	Y PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,290	6,749	\$	699,387.30	\$ 103.63	.419	\$ 542.16	Ş	
COMM HOSP INPATIENT TOTAL	8 /	39/		525,068.92	1322.59	.025	6035.27		32.60
HSC HOSPITALS	8	34		48,903.00	1438.32	.002	6112.88		3.04
NON-HSC HOSPITALS TOTAL	79	363		476,165.92	1311.75	.023	6027.42 2391.18		29.57
ACCOMMODATIONS	79	363		188,902.94	520.39	.023	2391.18		11.73
ADMINISTRATIVE DAYS	1	5		1,156.50	231.30	.000	1156.50		.07
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	78	358		187,746.44	524.43	.022	2407.01 3636.24		11.66
ANCILLARIES	7/9	0		287,262.98	.00	.000	3636.24		
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,237	6,352		174,318.38	27.44	.394	140.92 47.38		10.82
MEDICAL	291	384		13,788.77	35.91	.024	47.38		.86
SURGERY	150	173		5,683.14	32.85	.024 .011 .117 .029 .087	37.89		.35
PATHOLOGY	475	1,879		24,560.33	13.07	.117	51.71		1.53
RADIOLOGY	344	466		25,513.98	54.75	.029	74.17		1.58
ROOM USE	1,015	1,399		50,924.78	36.40	.087	50.17		3.16
CROSSOVERS/ALL OTH OUTPINT	594	2,051		53,847.38	26.25	.127	90.65		3.34
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00 118,836.96	.00	.000			.00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD	8	0 218 0 0 0 212	\$	118,836.96	\$ 545.12		\$ 14854.62	\$	7.38
LEV A-INTERMEDIATE	0	0		.00	.00		.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00 117,355.68	.00 553.56		.00		.00
LEV B-SUBACUTE HSPTL BASED	7	212		117,355.68		.013	16765.10		7.29
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
I DI D DECIII AD	1			1 401 00	246 00	000	1 4 0 1 0 0		0.0

0

0

0

0

0

0

0

0

386

\$

1,481.28

.00

.00

.00

.00

.00

.00

.00

.00

5,025.54

\$

246.88

.00

.00

.00

.00

.00

.00

.00

.00

13.02

.000

.000

.000

.000

.000

.000

.000

.000 \$

.000 \$

.024 \$

1481.28

.00 \$

.00 \$

.00

.00

.00

.00

.00

239.31 \$

.00

.09

.00

.00

.00

.00

.00

.00

.00

.31

.00

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

HOSPITAL BASED

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

0

0

0

0

0

0

0

21

INDEPENDENT FACILITY	21	386		5,025.54		13.02	.024		239.31		.31
@LABORATORY FACILITY	518	1,607	\$	22,731.19	\$	14.15	.100	\$	43.88	\$	1.41
PATHOLOGY	518	1,607		22,731.19		14.15	.100		43.88		1.41
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3,058	4,336	\$	447,818.76	\$	103.28	.269	\$	146.44	\$	27.81
CLINIC	204	612		16,305.51		26.64	.038		79.93		1.01
SURGICENTER	13	63		1,994.41		31.66	.004		153.42		.12
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,863	3,661		429,518.84		117.32	.227		150.02		26.67
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURE	S MONTH	-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC 2	004	P.	AGE 14,256
MOP024	FEE-FOR-SERVICE/DEN	TAL									03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES	FOR MIC - NO	SOC 03	04 2A 45 4A	4K 4M	5K 7T 82	2 8E 8W				
							N	MONTHL	Y AVERA	.GE	

					MO	NTHLY AVERA	.GE
16,105 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	440	24,942 \$	80,319.21	\$ 3.22	1.549	\$ 182.54	\$ 4.99
DURABLE MED. EQUIP.	38	524	33,860.63	64.62	.033	891.07	2.10
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	11	18	893.53	49.64	.001	81.23	.06
MEDICAL TRANSPORTATION	69	609	20,606.16	33.84	.038	298.64	1.28
AMBULANCES/AIR TRANS	68	598	11,449.37	19.15	.037	168.37	.71
OTHER TRANS	1	4	34.41	8.60	.000	34.41	.00
OTHER SERVICES	7	7	9,122.38	1303.20	.000	1303.20	.57
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	33	33	3,417.00	103.55	.002	103.55	.21
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	1	32	382.76	11.96	.002	382.76	.02
OPTICIAN	140	316	2,742.77	8.68	.020	19.59	.17
PHYSICAL THERAPIST	15	222	3,049.33	13.74	.014	203.29	.19
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	17	24	2,442.99	101.79	.001	143.71	.15
PROSTHETICS	17	24	2,442.99	101.79	.001	143.71	.15
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	17	91	2,650.97	29.13	.006	155.94	.16
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	59	150	1,374.16	9.16	.009	23.29	.09
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	42	22,921	8,855.66	.39	1.423	210.85	.55
@CALIF. CHILDREN SERVICES*	136	3,036 \$	269,137.75	\$ 88.65	.189	\$ 1978.95	\$ 16.71
@XOVER EXCLUDING STATE HOSP**	3	16 \$	337.71	\$ 21.11	.001	\$ 112.57	\$.02

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,257 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SHASTA COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

011110 111 0001111	COLUMN OF CHILL	020 1010 1110 000	1112 0022 00							
					MON	THLY AVERAG	E			
183 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER			
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE			
@TOTAL, ALL PROVIDERS	352	1 , 997 \$	375,109.45	\$ 187.84	10.913 \$	1065.65	\$ 2049.78			
@PHYSICIANS SERVICES	155	484 \$	24,707.71	\$ 51.05	2.645 \$	159.40	\$ 135.01			

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	67	76		4,062.03		53.45	.415		60.63		22.20
OFFICE VISITS	11	14		388.50		27.75	.077		35.32		2.12
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	55	59		3,625.37		61.45	.322		65.92		19.81
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	3	3		48.16							
	20					16.05	.016		16.05		.26
INPATIENT VISITS		60		3,235.55		53.93	.328		161.78		17.68
HOSPITAL VISITS	20	55		2,668.11		48.51	.301		133.41		14.58
CRITICAL CARE	4	5		567.44		113.49	.027		141.86		3.10
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	2		67.66		33.83	.011		67.66		.37
EXAMINATIONS	1	2		67.66		33.83	.011		67.66		.37
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	14	55		5,784.48		105.17	.301		413.18		31.61
PRINCIPAL SURGEON	9	11		4,132.89		375.72	.060		459.21		22.58
ASSISTANT SURGEON	3	3		625.65		208.55	.016		208.55		3.42
ANESTHESIOLOGIST	6	41		1,025.94		25.02	.224		170.99		5.61
OUTPATIENT SURGERY	11	139		1,403.09		10.09	.760		127.55		7.67
PRINCIPAL SURGEON	9	9		1,065.02		118.34	.049		118.34		5.82
	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	•										
ANESTHESIOLOGIST	2	130		338.07		2.60	.710		169.04		1.85
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	5		209.44		41.89	.027		69.81		1.14
RADIOLOGY	63	114		6,068.05		53.23	.623		96.32		33.16
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	23	33		3,877.41		117.50	.180		168.58		21.19
@PHARMACY	59	121	\$	11,034.73	\$	91.20	.661	\$	187.03	\$	60.30
PRESCRIPTION DRUGS	56	113		11,027.69		97.59	.617		196.92		60.26
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	56	113		11,027.69		97.59	.617		196.92		60.26
MEDICAL SUPPLIES	3	8		7.04		.88	.044		2.35		.04
@DENTIST	37	215	\$	5,701.00	\$	26.52	1.175	Ś	154.08	Ġ	31.15
VISITS - DIAGNOSTIC	26	132	٧	902.00	Y	6.83	.721	Y	34.69	Y	4.93
ORAL SURGERY	8	29		2,568.00		88.55	.158		321.00		14.03
	5	12		•		7.50					
DRUGS	5 5			90.00			.066		18.00		.49
ANESTHESIA		5		300.00		60.00	.027		60.00		1.64
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	2		71.00		35.50	.011		71.00		.39
RESTORATIVE DENTISTRY	13	32		1,770.00		55.31	.175		136.15		9.67
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	2	2		.00		.00	.011		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	1	1		.00		.00	.005		.00		.00
ALL OTHER SERVICES	0	0		.00		.00			.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES		EPOR'						
MOP024	FEE-FOR-SERVICE										03/14/05
SHASTA COUNTY		ICES FOR MIC -	SOC			AID CODE	83				00, 11, 00
5111.6111 6661411	BOTHERICE OF BEICV	TODO TOR THE	DOC			MID CODE	M	ONT	HT.Y AVERA	GE	
183 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	Z\ 7.71	ERAGE COST					COST PER
TOO ENTGIBLES	0.7117.0	OR DAYS OF CAR		EVIENDIIONES		R UNIT/DAY			USER		ELIGIBLE
AODHOMETRICH	2			42.85						ċ	
@OPTOMETRIST	2	4	Ą		\$.022	ې	21.43	Þ	.23
DIAGNOSTIC AND ANC. PROCED	1	1		.00		.00	.005		.00		.00

EYE APPLIANCES	1	3		42.85		14.28	.016	42.85		.23
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	2	2	\$	33.44	\$	16.72	.011		Ċ	.18
VISITS	2	2	Y	33.44	Ÿ	16.72	.011	16.72	Y	.18
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000		Ċ	.00
MEDICINE/INJECTIONS	0	0	Ą	.00	Ų	.00	.000	.00	۲	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0								.00
OTHER	0	4	Ċ	.00	Ċ	.00	.000	.00	ċ	
@HOME HEALTH AGENCY	0		\$	254.71	\$	63.68	.022		\$	1.39
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	ŭ	-	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	5	\$	30.62	\$	6.12	.027			.17
@TOTAL HOSPITAL	140	828	\$	317,329.60	\$		4.525		\$	1734.04
HOSP INPATIENT TOTAL	19	105		300,965.98		2866.34	.574	15840.31		1644.62
HSC HOSPITALS	4	14		18,231.00		1302.21	.077	4557.75		99.62
NON-HSC HOSPITAL TOTAL	15	91		282,734.98		3106.98	.497	18849.00		1545.00
ACCOMMODATIONS	15	91		39,299.11		431.86	.497	2619.94		214.75
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	15	91		39,299.11		431.86	.497	2619.94		214.75
ANCILLARIES	15	0		243,435.87		.00	.000	16229.06		1330.25
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	123	723		16,363.62		22.63	3.951	133.04		89.42
MEDICAL	43	59		1,365.26		23.14	.322	31.75		7.46
SURGERY	16	20		583.68		29.18	.109	36.48		3.19
PATHOLOGY	51	244		2,749.18		11.27	1.333	53.91		15.02
RADIOLOGY	50	77		4,114.54		53.44	.421	82.29		22.48
ROOM USE	96	122		3,563.29		29.21	.667	37.12		19.47
CROSSOVERS/ALL OTH OUTPTNT	61	201		3,987.67		19.84	1.098	65.37		21.79
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	Ÿ	.00	Y	.00	.000	.00	Y	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0								
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MONT	CH-OF-PAYMENT RE	EPOR'	T FOR JAN	2004 THRU	DEC 2004	P	AGE 14,259
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FO	OR MIC - S	OC			AID CODE	E 83			
							M	ONTHLY AVERA	GE	
102 517675156	HOEDO HIMTEO	OF CEDUTCE		EADEMDILLIDEC	7\ \ 7.1	EDACE COC	TINITHO / DAY	C COCH DED		COCH DED

		OR DAYS OF CARE	C		PER	UNIT/DAY	PER ELIG	U	SER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	140	828	\$	317,329.60	\$	383.25	4.525	\$ 22	66.64	\$ 1734.04
COMM HOSP INPATIENT TOTAL	19	105		300,965.98		866.34	.574	158	40.31	1644.62
HSC HOSPITALS	4	14		18,231.00	1	302.21	.077	45	57.75	99.62
NON-HSC HOSPITALS TOTAL	15	91		282,734.98	3	106.98	.497	188	49.00	1545.00
ACCOMMODATIONS	15	91		39,299.11		431.86	.497	26	19.94	214.75
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	15	91		39,299.11		431.86	.497	26	19.94	214.75
ANCILLARIES	15	0		243,435.87		.00	.000	162	29.06	1330.25
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	123	723		16,363.62		22.63	3.951	1	33.04	89.42
MEDICAL	43	59		1,365.26		23.14	.322		31.75	7.46
SURGERY	16	20		583.68		29.18	.109		36.48	3.19
PATHOLOGY	51	244		2,749.18		11.27	1.333		53.91	15.02
RADIOLOGY	50	77		4,114.54		53.44	.421		82.29	22.48
ROOM USE	96	122		3 , 563.29		29.21	.667		37.12	19.47
CROSSOVERS/ALL OTH OUTPINT	61	201		3 , 987.67		19.84	1.098		65.37	21.79
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
LEV B-REGULAR	0	0		.00		.00	.000		.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00	.00
ICF DD	0	0		.00		.00	.000		.00	.00

ICF DDN/DDCN	0	0	.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	2	11 \$	161.44	\$	14.68	.060	\$	80.72	\$.88
HOSPITAL BASED	0	0	.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	2	11	161.44	ŀ	14.68	.060		80.72		.88
@LABORATORY FACILITY	20	70 \$	948.04	\$	13.54	.383	\$	47.40	\$	5.18
PATHOLOGY	20	70	948.04	ļ	13.54	.383		47.40		5.18
XO AND OTHERS	0	0	.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	47	58 \$	5,896.55	\$	101.66	.317	\$	125.46	\$	32.22
CLINIC	0	0	.00)	.00	.000		.00		.00
SURGICENTER	1	5	198.21	-	39.64	.027		198.21		1.08
HEROIN DETOX CLINIC	0	0	.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	46	53	5,698.34	Į.	107.52	.290		123.88		31.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 200)4 THRU	DEC	2004	P	AGE 14,260
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	R MIC - SOC			AID CODE 83	3				

					MC	NTHLY AVERA	GΕ	
183 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	29	195	\$ 8,968.76	\$ 45.99	1.066	\$ 309.27	\$	49.01
DURABLE MED. EQUIP.	2	9	1,347.07	149.67	.049	673.54		7.36
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	19	156	6,416.79	41.13	.852	337.73		35.06
AMBULANCES/AIR TRANS	18	150	2,782.38	18.55	.820	154.58		15.20
OTHER TRANS	1	4	34.41	8.60	.022	34.41		.19
OTHER SERVICES	2	2	3,600.00	1800.00	.011	1800.00		19.67
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.005	105.00		.57
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	1	2	16.64	8.32	.011	16.64		.09
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	2	6	736.28	122.71	.033	368.14		4.02
PROSTHETICS	2	6	736.28	122.71	.033	368.14		4.02
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	1	3	122.13	40.71	.016	122.13		.67
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	3	18	224.85	12.49	.098	74.95		1.23
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	8	52	\$ 28,834.64	\$ 554.51	.284	\$ 3604.33	\$	157.57
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

					MON	THLY AVERAG	GE
16,288 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	8,221 1,938 1,248	72,361 \$	2,807,165.66	\$ 38.79	4.443 \$	341.46	
@PHYSICIANS SERVICES	1,938	5,861 \$	232,001.34	\$ 39.58	.360 \$	119.71	\$ 14.24
OUTPATIENT VISITS	1,248	1,841	76 , 987.79	41.82	.113	61.69	4.73
OFFICE VISITS	513	592	20,568.89	34.74	.036	40.10	1.26
HOME VISITS	1	1	28.07	28.07	.000	28.07	.00
EMERGENCY ROOM	680	806	44,427.57	55.12	.049	65.33	2.73
PREVENTIVE CARE	2	2	81.24	40.62	.000	40.62	.00
OB VISITS/COMPRE PERI	67	410	10,768.41	26.26	.025	160.72	.66
OTHER OUTPATIENT	29	30	1,113.61	37.12	.002	38.40	.07
INPATIENT VISITS	120	376	23,490.59	62.47	.023	195.75	1.44
HOSPITAL VISITS	109	305	14,869.87	48.75	.019	136.42	.91
CRITICAL CARE	18	66	8,415.72	127.51	.004	467.54	.52
SNF/ICF/TRANS IP CARE	2	5	205.00	41.00	.000	102.50	.01
OPHTHALMOLOGICAL SERVICES	36	42	1,774.58	42.25	.003	49.29	.11
EXAMINATIONS	36	42	1,774.58	42.25	.003	49.29	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	74	488	37 , 283.38	76.40	.030	503.83	2.29
PRINCIPAL SURGEON	57	81	31,776.15	392.30	.005	557.48	1.95
ASSISTANT SURGEON	4	4	747.26	186.82	.000	186.82	.05
ANESTHESIOLOGIST	22	403	4,759.97	11.81	.025	216.36	.29
OUTPATIENT SURGERY	150	1,410	23,589.38	16.73	.087	157.26	1.45
PRINCIPAL SURGEON	123	142	18,240.24	128.45	.009	148.29	1.12
ASSISTANT SURGEON	2	2	210.72	105.36	.000	105.36	.01
ANESTHESIOLOGIST	35	1,266	5,138.42	4.06	.078	146.81	.32
DIALYSIS	0 74 606	0	.00	.00	.000	.00	.00
PATHOLOGY	74	129	1,504.61	11.66	.008	20.33	.09
RADIOLOGY	606	1,004	50,318.73	50.12	.062	83.03	3.09
PSYCHIATRY	2	2	146.58	73.29	.000	73.29	.01
IMMUNIZATION AND INJECTION	16	31	492.25	15.88	.002	30.77	.03
OTHER SERVICES/ALL X-OVERS	208	538	16,413.45	30.51	.033	78.91	1.01
@PHARMACY	3,620	16,876 \$	576 , 366.15	\$ 34.15	1.036 \$		•
PRESCRIPTION DRUGS	3,584	7,818	548 , 444.57	70.15	.480	153.03	33.67
SNF/ICF	10	53	4,961.87	93.62	.003	496.19	.30
OUTPATIENTS	3,574	7 , 765	543 , 482.70	69.99	.477	152.07	33.37
MEDICAL SUPPLIES	3,574 140 614 472 86 19 28	9,058	27 , 921.58	3.08	.556	199.44	1.71
@DENTIST	614	3,310 \$	108,191.45	\$ 32.69	.203 \$	176.21	
VISITS - DIAGNOSTIC	472	2,305	32,261.20	14.00	.142	68.35	1.98
ORAL SURGERY	86	253	21,224.25	83.89	.016	246.79	1.30
DRUGS	19	37	475.00	12.84	.002	25.00	.03
ANESTHESIA	28	28	2,500.00	89.29	.002	89.29	.15
PERIODONTICS	∠	2	236.00	118.00	.000	118.00	.01
ENDODONTICS	40	71	13,269.00 32,861.00	186.89	.004	331.73	.81
RESTORATIVE DENTISTRY	177	536	-	61.31	.033	185.66	2.02
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	4	219.00	54.75	.000	219.00	.01
SPACE MAINTAINERS	6	7	671.00	95.86	.000	111.83	.04
MAXILLOFACIAL SERVICES	2	3	250.00	83.33	.000	125.00	.02
FRACTURES, DISLOCATIONS	1	1	500.00	500.00	.000	500.00	.03
ORTHODONTIC SERVICES	39	51	3 , 650.00	71.57	.003	93.59	.22
ALL OTHER SERVICES	14	12	75.00	6.25	.001	5.36	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DEC	C 2004	PAGE 14,262

FEE-FOR-SERVICE/DENTAL

03/14/05

SHASTA COUNTY	SUMMARY OF SER	VICES FOR MEDICAL	LY I	NDIGENT - CHILDREN	1 –	TOTAL	1.47	NIM.	UIT V 7 TO 7	CE.	
16,288 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7. 7.7	ERAGE COST	MO			GE	COST PER
10,200 ELIGIBLES	USEKS	OR DAYS OF CARE		EXPENDITORES		R UNIT/DAY		>	USER		ELIGIBLE
@OPTOMETRIST	175	508	\$	11,225.02	\$	22.10	.031	Ċ	64.14		.69
DIAGNOSTIC AND ANC. PROCED	125	132	Ą	5,542.57	ې	41.99	.008	۲	44.34	۲	.34
	127	374		5,613.84		15.01	.000		44.34		.34
EYE APPLIANCES	2	2		68.61		34.31	.023		34.31		.00
OTHER OPTOMETRIC SERVICES	74	109	\$		\$	16.34		ċ	24.06	ċ	.11
@CHIROPRACTOR	74	109	Ą	1,780.68 1,780.68	Ą	16.34	.007 .007	Ą	24.06	ې	.11
VISITS	0	0				.00	.007		.00		.00
OTHER SERVICES	0	0	\$.00	\$			<u>~</u>	.00	ċ	
@PODIATRIST	0	0	ş	.00	Ş	.00	.000	Þ		Ş	.00
MEDICINE/INJECTIONS	0	•		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0			.00		.00	.000		.00		.00
OTHER	•	0	<u> </u>	.00	<u> </u>	.00	.000	<u>^</u>	.00	<u>^</u>	.00
@HOME HEALTH AGENCY	73	6,234	\$		\$	26.28	.383		2244.13		10.06
NURSE ANESTHESIST	1	6	\$	104.91	\$	17.49		\$	104.91	\$.01
NURSE MIDWIFE	1	1	\$	182.94	\$	182.94	.000		182.94	\$.01
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	25	36	\$	677.64	\$	18.82	.002		27.11	\$.04
@TOTAL HOSPITAL	1,438	7,597	\$		\$	134.54	.466	Ş		\$	62.75
HOSP INPATIENT TOTAL	107	506		830,814.90		1641.93	.031		7764.63		51.01
HSC HOSPITALS	13	52		71,914.00		1382.96	.003		5531.85		4.42
NON-HSC HOSPITAL TOTAL	94	454		758,900.90		1671.59	.028		8073.41		46.59
ACCOMMODATIONS	94	454		228,202.05		502.65	.028		2427.68		14.01
ADMINISTRATIVE DAYS	1	5		1,156.50		231.30	.000		1156.50		.07
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	93	449		227,045.55		505.67	.028		2441.35		13.94
ANCILLARIES	94	0		530,698.85		.00	.000		5645.73		32.58
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,367	7,091		191,292.96		26.98	.435		139.94		11.74
MEDICAL	338	448		15,366.58		34.30	.028		45.46		.94
SURGERY	166	193		6,266.82		32.47	.012		37.75		.38
PATHOLOGY	529	2,128		27,361.71		12.86	.131		51.72		1.68
RADIOLOGY	394	543		29,628.52		54.56	.033		75.20		1.82
ROOM USE	1,116	1,526		54,683.32		35.83	.094		49.00		3.36
CROSSOVERS/ALL OTH OUTPTNT		2,253		57 , 986.01		25.74	.138		88.39		3.56
@COUNTY HOSPITAL TOTAL	9	20	\$	5,390.96	\$	269.55	.001	Ş	599.00	Ş	.33
CO HOSPITAL INPATIENT TOTAL	1	4		4,780.00		1195.00	.000		4780.00		.29
HSC HOSPITALS	1	4		4,780.00		1195.00	.000		4780.00		.29
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	8	16		610.96		38.19	.001		76.37		.04
MEDICAL	5	5		212.55		42.51	.000		42.51		.01
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	5		52.20		10.44	.000		17.40		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	5	5		195.25		39.05	.000		39.05		.01

CROSSOVERS/ALL OTH OUTPTNT 1 1 150.96 150.96 .000 150.96 .01
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,263
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

SHASTA COUNTY	SUMMARY OF SERV.	ICES FOR MEDICALLY	INDIGENT - CHILDRE	IN - TOTAL			~=
16 000						NTHLY AVERA	
16,288 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
0.000	1 100	OR DAYS OF CARE	1 016 816 00	PER UNIT/DAY	_	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,430	7,577 \$	1,016,716.90	\$ 134.18	.465		•
COMM HOSP INPATIENT TOTAL	106	502	826,034.90	1645.49	.031	7792.78	50.71
HSC HOSPITALS	12	48	67,134.00	1398.63	.003	5594.50	4.12
NON-HSC HOSPITALS TOTAL	94	454	758,900.90	1671.59	.028	8073.41	46.59
ACCOMMODATIONS	94	454	228,202.05	502.65	.028	2427.68	14.01
ADMINISTRATIVE DAYS	1	5	1,156.50	231.30	.000	1156.50	.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	93	449	227,045.55	505.67	.028	2441.35	13.94
ANCILLARIES	94	0	530,698.85	.00	.000	5645.73	32.58
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,360	7 , 075	190,682.00	26.95	.434	140.21	11.71
MEDICAL	334	443	15,154.03	34.21	.027	45.37	.93
SURGERY	166	193	6,266.82	32.47	.012	37.75	.38
PATHOLOGY	526	2,123	27,309.51	12.86	.130	51.92	1.68
RADIOLOGY	394	543	29,628.52	54.56	.033	75.20	1.82
ROOM USE	1,111	1,521	54,488.07	35.82	.093	49.04	3.35
CROSSOVERS/ALL OTH OUTPTNT	655	2,252	57,835.05	25.68	.138	88.30	3.55
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	8	218 \$	118,836.96	\$ 545.12	.013	\$ 14854.62	\$ 7.30
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	7	212	117,355.68	553.56	.013	16765.10	7.21
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	6	1,481.28	246.88	.000	1481.28	.09
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00		\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	23	397 \$	5,186.98	\$ 13.07		\$ 225.52	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	23	397	5,186.98	13.07	.024	225.52	.32
@LABORATORY FACILITY	538	1,677 \$	23,679.23	\$ 14.12			\$ 1.45
PATHOLOGY	538	1,677	23,679.23	14.12	.103	44.01	1.45
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3,105	4,394 \$	453,715.31	\$ 103.26		\$ 146.12	\$ 27.86
CLINIC	204	612	16,305.51	26.64	.038	79.93	1.00
SURGICENTER	14	68	2,192.62	32.24	.004	156.62	.13
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,909	3,714	435,217.18	117.18	.228	149.61	26.72
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES					PAGE 14,264
MOP024	FEE-FOR-SERVICE		TOTALL OF THEFTHE	01(1 1 01(0111(2	.001 1111(0 D		03/14/05
SHASTA COUNTY		ICES FOR MEDICALLY	INDIGENT - CHILDRE	N - TOTAL			03/11/03
21110111 0001111	~ CIIIIII OI DII(V.		II.DIGETTI CHILIDINE	1011111			

16,288 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	469	25 , 137	\$ 89 , 287.97	\$ 3.55	1.543	190.38	\$ 5.48
DURABLE MED. EQUIP.	40	533	35 , 207.70	66.06	.033	880.19	2.16
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	11	18	893.53	49.64	.001	81.23	.05
MEDICAL TRANSPORTATION	88	765	27,022.95	35.32	.047	307.08	1.66
AMBULANCES/AIR TRANS	86	748	14,231.75	19.03	.046	165.49	.87
OTHER TRANS	2	8	68.82	8.60	.000	34.41	.00
OTHER SERVICES	9	9	12,722.38	1413.60	.001	1413.60	.78
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	34	34	3,522.00	103.59	.002	103.59	.22
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	1	32	382.76	11.96	.002	382.76	.02
OPTICIAN	141	318	2,759.41	8.68	.020	19.57	.17
PHYSICAL THERAPIST	15	222	3,049.33	13.74	.014	203.29	.19
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	19	30	3 , 179.27	105.98	.002	167.33	.20
PROSTHETICS	19	30	3,179.27	105.98	.002	167.33	.20
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	18	94	2,773.10	29.50	.006	154.06	.17
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	62	168	1,599.01	9.52	.010	25.79	.10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	42	22,921	8,855.66	.39	1.407	210.85	.54
@CALIF. CHILDREN SERVICES*	144	3,088	\$ 297,972.39	\$ 96.49	.190 \$	2069.25	\$ 18.29

----- MONTHLY AVERAGE -----

@XOVER EXCLUDING STATE HOSP** 16 \$ 337.71 \$ 21.11 .001 \$ 112.57 \$.02

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 14,265 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SHASTA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

Similari Godini	Solimina of Shirt	IODO ION	11111	0 000	THE THE TENDS	1110 0001	MO	YTHTNC	AVERAC	FE
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST			T PER	COST PER
** ======			OF CARE			PER UNIT/DAY			SER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	011 21110	0	\$.00	\$.00		\$.00	\$.00
@PHYSICIANS SERVICES	0		0	S	.00	\$.00		\$.00	\$.00
OUTPATIENT VISITS	0		Ō	'	.00	.00	.000	•	.00	.00
OFFICE VISITS	0		0		.00	.00	.000		.00	.00
HOME VISITS	0		0		.00	.00	.000		.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000		.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000		.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000		.00	.00
INPATIENT VISITS	0		0		.00	.00	.000		.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000		.00	.00
CRITICAL CARE	0		0		.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000		.00	.00
EXAMINATIONS	0		0		.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0		0		.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000		.00	.00
DIALYSIS	0		0		.00	.00	.000		.00	.00
PATHOLOGY	0		0		.00	.00	.000		.00	.00
RADIOLOGY	0		0		.00	.00	.000		.00	.00
PSYCHIATRY	0		0		.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000		.00	.00
@PHARMACY	0		0	\$.00	\$.00		\$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00	.00	.000		.00	.00
SNF/ICF	0		0		.00	.00	.000		.00	.00
OUTPATIENTS	0		0		.00	.00	.000		.00	.00
MEDICAL SUPPLIES	0		0	_	.00	.00	.000	_	.00	.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00	.00	.000		.00	.00
ORAL SURGERY	0		0		.00	.00	.000		.00	.00
DRUGS	0		0		.00	.00	.000		.00	.00
ANESTHESIA	0		ū		.00	.00	.000		.00	.00
PERIODONTICS	0		0		.00	.00	.000		.00	.00
ENDODONTICS	0		0		.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY PROSTHETICS	0		0		.00	.00	.000		.00	.00
	0		0		.00	.00	.000		.00	.00
DENTURES, STAYPLATES SPACE MAINTAINERS	0		0		.00	.00	.000		.00	.00
STACE MAINIAINERS	U		U		.00	.00	.000		.00	.00

MAXILLOFACIAL SERVICES 0 .00 .00 .000 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .000 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .00 .000 .00 .00 0 .00 .00 .00 ALL OTHER SERVICES 0 .00 .000

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 14,266 03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

SHASIA COUNTI	SOMMANT OF SERV	VICES FOR	MIA	NO SOC	AID FAID FENDI	ING	AID CODE	M	∩NITT	UIV AUEDA	CE	
00 ELIGIBLES	USERS	UNITS OF	SERVIC	۲.	EXPENDITURES	ΔVF	RAGE COST			COST PER	.GE	COST PER
00 EDIGIBLES	OSEINS	OR DAYS			EVERNOTIONES		UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	OK DAIS	OF CAR	\$.00	\$.00	.000		.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0	Y	.00	۲	.00	.000	Y	.00	Y	.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00		\$.00	\$.00
VISITS	0		0	Y	.00	۲	.00	.000	Y	.00	Y	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0	Ψ	.00	Υ	.00	.000	Y	.00	Ψ	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	Ġ	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	Š	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	Ś	.00	\$.00	.000	\$.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0		0	Š	.00	\$.00	.000	\$.00	Ś	.00
FAMILY NURSE PRACTITIONER	0		0	Ś	.00	\$.00	.000	\$.00	Ś	.00
@TOTAL HOSPITAL	0		0	Ś	.00	Ś	.00	.000	\$.00	Ś	.00
HOSP INPATIENT TOTAL	0		0	Ψ.	.00	۲	.00	.000	٧	.00	Ψ	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		Ö		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	Ō		0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	Ō		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTN	Γ 0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 14,267
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES F	OR MIA - NO S	SOC - AID PAID PENDING	AID CODE	E 81		

SHASTA COUNTY	SUMMARY OF SERV	ICES FOR	MIA - NO	o soc -	- AID PAID PENDI	NG AID CODE	81				
							MC	TNC	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00	.00	.000		.00		.00
HSC HOSPITALS	0		0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000		.00		.00
ANCILLARIES	0		0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000		.00		.00
MEDICAL	0		0		.00	.00	.000		.00		.00
SURGERY	0		0		.00	.00	.000		.00		.00
PATHOLOGY	0		0		.00	.00	.000		.00		.00
RADIOLOGY	0		0		.00	.00	.000		.00		.00
ROOM USE	0		0		.00	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00	.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00	.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00	.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00	.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00		.00
LEV B-REGULAR	0		0		.00	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00	.00	.000		.00		.00
ICF DD	0		0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00	.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00	.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00	.00	.000		.00		.00
XO AND OTHERS	0		Ö		.00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		Ō	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0	•	.00	.00	.000		.00		.00

.00 .00 .000 SURGICENTER 0 .00 .00 .000 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .000 .00 RURAL HEALTH CLINIC Ω 0 .00 .00 PAGE 14,268 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

21112111 0001111	DOIMMING OF DELICE	020 1010 11111 100 000	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0 =		
					MON	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
Q* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARA	TE INFORMATION ITEM (NT.Y:				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SHASTA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,269
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

0111101111 00011111	DOINGING OF DELC	VIOLO I OIC 111111 10	0 000	I I III OI II II I	TILD CODE				
						MON	ITHLY AVERA	GE -	
301 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	514	4,091	\$	286,809.92	\$ 70.11	13.591	558.00	\$	952.86
@PHYSICIANS SERVICES	194	847	\$	39 , 956.99	\$ 47.17	2.814	205.96	\$	132.75
OUTPATIENT VISITS	100	518		14,532.00	28.05	1.721	145.32		48.28
OFFICE VISITS	16	18		667.63	37.09	.060	41.73		2.22
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	35	46		2,645.57	57.51	.153	75.59		8.79
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	54	454		11,218.80	24.71	1.508	207.76		37.27

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	27	66	4,767.29	72.23	.219	176.57	15.84
HOSPITAL VISITS	26	53	2,650.37	50.01	.176	101.94	8.81
CRITICAL CARE	5	13	2,116.92	162.84	.043	423.38	7.03
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	29	61	13,290.36	217.87	.203	458.29	44.15
PRINCIPAL SURGEON	22	22	11,792.54	536.02	.073	536.02	39.18
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	39	1,497.82	38.41	.130	187.23	4.98
OUTPATIENT SURGERY	11	24	1,247.61	51.98	.080	113.42	4.14
PRINCIPAL SURGEON	8	12	865.12	72.09	.040	108.14	2.87
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	12	382.49	31.87	.040	95.62	1.27
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	53	120.66	2.28	.176	30.17	.40
RADIOLOGY	71	95	4,655.45	49.00	.316	65.57	15.47
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	21	30	1,343.62	44.79	.100	63.98	4.46
@PHARMACY	189	467	\$ - ,	\$ 40.87	1.551	\$ 100.98	\$ 63.41
PRESCRIPTION DRUGS	187	441	17 , 719.79	40.18	1.465	94.76	58.87
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	187	441	17 , 719.79	40.18	1.465	94.76	58.87
MEDICAL SUPPLIES	10	26	1,365.97	52.54	.086	136.60	4.54
@DENTIST	23	119	\$ 3,470.00	\$ 29.16	.395	\$ 150.87	\$ 11.53
VISITS - DIAGNOSTIC	19	95	1,193.00	12.56	.316	62.79	3.96
ORAL SURGERY	6	10	709.00	70.90	.033	118.17	2.36
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	4	975.00	243.75	.013	487.50	3.24
RESTORATIVE DENTISTRY	6	10	593.00	59.30	.033	98.83	1.97
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES MON	TH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DI	EC 2004	PAGE 14,270
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES	FOR MIA - NO SOC	- PREGNANT	AID CODE	86		
					MOI	NTHLY AVERAC	SE
301 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES		UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	9	32 \$	677.00	\$ 21.16	.106	\$ 75.22	\$ 2.25
DIACMOSTIC AND AND DEOCED	7	7	202 10	11 73	033	11 73	9.7

301 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AV	ERAGE COST		COST PER	СП	COST PER
001 22101220	00210	OR DAYS OF CARE				R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	9	32	\$	677.00	\$	21.16	.106	75.22		2.25
DIAGNOSTIC AND ANC. PROCED	7	7		292.10		41.73	.023	41.73	•	.97
EYE APPLIANCES	7	24		327.70		13.65	.080	46.81		1.09
OTHER OPTOMETRIC SERVICES	1	1		57.20		57.20	.003	57.20		.19
@CHIROPRACTOR	2	3	\$		\$	15.33	.010	\$ 22.99	\$.15
VISITS	2	3		45.98		15.33	.010	22.99		.15
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	19	30	\$	1,485.39	\$	49.51	.100	\$ 78.18	\$	4.93
NURSE ANESTHESIST	1	5	\$	77.97		15.59	.017	\$ 77.97	\$.26
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00		.00
@TOTAL HOSPITAL	225	2,000	\$	189,109.17	\$	94.55	6.645	\$ 840.49	\$	628.27
HOSP INPATIENT TOTAL	30	134		141,751.99		1057.85	.445	4725.07		470.94
HSC HOSPITALS	1	3		3,330.03		1110.01 1056.66	.010	3330.03		11.06
NON-HSC HOSPITAL TOTAL	29	131		138,421.96		1056.66	.435	4773.17		459.87
ACCOMMODATIONS	29	131		62,785.15		479.28	.435	2165.01		208.59
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	29	131		62,785.15		479.28	.435	2165.01		208.59
ANCILLARIES	29	0		75 , 636.81		.00	.000	2608.17		251.29
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	215	1,866		47,357.18		25.38	6.199	220.27		157.33
MEDICAL	27	38		1,467.95		38.63	.126	54.37		4.88
SURGERY	28	33		953.48		28.89	.110	34.05		3.17
PATHOLOGY	110	455		6,708.09		14.74	1.512	60.98		22.29
RADIOLOGY	47	54		3,750.93		69.46	.179	79.81		12.46
ROOM USE	170	312		10,863.66		34.82	1.037	63.90		36.09
	158	974		23,613.07		24.24	3.236	149.45		78.45
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	Û	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT R	EPOR			DEC		F	PAGE 14,271
MOP024	FEE-FOR-SERVICE		INDO F	IONIII OF TATRENT IX	LLI OIV.	I FOR OAN 2	Of IIINO		2004		03/14/05
SHASTA COUNTY		VICES FOR MIA - 1	NO SO	C - PREGNANT		AID CODE	86				03/11/03
5111.5111 0001.11	011111111 01 0111	1020 1011 11111	2.0 00	70 1120111111		1112 0022	M	ТИС	HLY AVERA	GE	
301 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST				_	COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	225	2,000		189,109.17					840.49		
COMM HOSP INPATIENT TOTAL	30	134	·	141,751.99		1057.85	.445		4725.07	•	470.94
HSC HOSPITALS	1	3		3,330.03		1110.01	.010		3330.03		11.06
NON-HSC HOSPITALS TOTAL	29	131		138,421.96		1056.66	.435		4773.17		459.87
ACCOMMODATIONS	29	131		62,785.15		479.28	.435		2165.01		208.59
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		0.0		0.0	.000		.00		.00
ALL OTHER ACCOM	29	131		62,785.15		479.28	.435		2165.01		208.59
ANCILLARIES	29	0		75,636.81		.00	.000		2608.17		251.29
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	215	1,866		47,357.18		25.38	6.199		220.27		157.33
MEDICAL	27	. 38		1,467.95		38.63	.126		54.37		4.88
SURGERY	28	33		953.48		28.89	.110		34.05		3.17
PATHOLOGY	110	455		6,708.09		14.74	1.512		60.98		22.29
RADIOLOGY	47	54		3,750.93		69.46	.179		79.81		12.46
ROOM USE	170	312		10,863.66		34.82	1.037		63.90		36.09
CROSSOVERS/ALL OTH OUTPTNT	158	974		23,613.07		24.24	3.236		149.45		78.45
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	74	197	\$	3,545.17	\$	18.00	.654	\$ 47.91	\$	11.78
PATHOLOGY	74	197		3,545.17		18.00	.654	47.91		11.78
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	143	300	\$	25,652.65	\$	85.51	.997	\$ 179.39	\$	85.22
CLINIC	42	152		7,451.38		49.02	.505	177.41		24.76
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	102	148		18,201.27		22.98	.492	178.44		60.47
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	S MON	NTH-OF-PAYMENT R	EPORT F	OR JAN 2	2004 THRU I	DEC 2004	PAC	GE 14,272
MOP024	FEE-FOR-SERVIC	E/DENTAL								03/14/05
SHASTA COUNTY	SUMMARY OF SER	VICES FOR MIA - NC	SOC	- PREGNANT	A	ID CODE	86			
								ONTHLY AVERA	GE	
301 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS		CC	DST PER
		OR DAYS OF CARE					PER ELIG	USER		LIGIBLE
@ALL OTHER PROVIDERS	38	* -	\$	3,703.84	\$	40.70	.302	•	\$	12.31
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	9	38		1,121.31		29.51	.126	124.59		3.73
AMBULANCES/AIR TRANS	9	37		1,111.43		30.04	.123	123.49		3.69
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	1	1		9.88		9.88	.003	9.88		.03
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	21	21		2,205.00	1	05.00	.070	105.00		7.33
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	6	13		126.05		9.70	.043	21.01		.42
PHYSICAL THERAPIST	2	18		243.47		13.53	.060	121.74		.81
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
FED SUDACULE REMAD/WEANING	U	U		.00		.00	.000	.00		.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

1

0

ALL OTHER PROVIDERS

@CALIF. CHILDREN SERVICES*

@XOVER EXCLUDING STATE HOSP**

8.01

.00 \$

.00 \$

8.01

.00

.00

.003

.000 \$

.000 \$

8.01

.00 \$

.00 \$

.03

.00

.00

1

							MOI	NTHLY AVERA	ΔGE	
301 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	514	4,091	\$	286,809.92	\$	70.11	13.591	\$ 558.00	\$	952.86
@PHYSICIANS SERVICES	194	847	\$	39,956.99	\$	47.17	2.814	205.96	\$	132.75

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,273
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

OUTPATIENT VISITS	100	518	14,532.00	28.05	1.721	145.32	48.28
OFFICE VISITS	16	18	667.63	37.09	.060	41.73	2.22
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	35	46	2,645.57	57.51	.153	75.59	8.79
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	54	454	11,218.80	24.71	1.508	207.76	37.27
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	27	66	4,767.29	72.23	.219	176.57	15.84
	26	53	2,650.37	50.01	.176	101.94	8.81
HOSPITAL VISITS	5	13	•			423.38	7.03
CRITICAL CARE	0	0	2,116.92	162.84	.043		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	_		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	29	61	13,290.36	217.87	.203	458.29	44.15
PRINCIPAL SURGEON	22	22	11,792.54	536.02	.073	536.02	39.18
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	39	1,497.82	38.41	.130	187.23	4.98
OUTPATIENT SURGERY	11	24	1,247.61	51.98	.080	113.42	4.14
PRINCIPAL SURGEON	8	12	865.12	72.09	.040	108.14	2.87
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	12	382.49	31.87	.040	95.62	1.27
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	53	120.66	2.28	.176	30.17	.40
RADIOLOGY	71	95	4,655.45	49.00	.316	65.57	15.47
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	21	30	1,343.62	44.79	.100	63.98	4.46
@PHARMACY	189	467 \$	19,085.76	\$ 40.87	1.551	100.98	
PRESCRIPTION DRUGS	187	441	17,719.79	40.18	1.465	94.76	58.87
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	187	441	17,719.79	40.18	1.465	94.76	58.87
MEDICAL SUPPLIES	10	26	1,365.97	52.54	.086	136.60	4.54
@DENTIST	23	119 \$	3,470.00		.395		
VISITS - DIAGNOSTIC	19	95	1,193.00	12.56	.316	62.79	3.96
ORAL SURGERY	6	10	709.00	70.90	.033	118.17	2.36
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	4	975.00	243.75	.013	487.50	3.24
RESTORATIVE DENTISTRY	6	10	593.00	59.30	.033	98.83	1.97
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES I	MONTH-OF-PAYMENT R	EPORT FOR JAN			
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR MIA - NO SO	OC - TOTAL				
					MON	THLY AVERA	GE
301 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			
		OR DAYS OF CARE		PER UNIT/DAY			ELIGIBLE
@OPTOMETRIST	9	32 \$	677.00				
DIAGNOSTIC AND ANC. PROCED	7	7	292.10	\$ 21.16 41.73	.023	41.73	.97

EYE APPLIANCES	7	24	327.70	13.65	.080	46.81	1.09
OTHER OPTOMETRIC SERVICES	1	1	57.20	57.20	.003	57.20	.19
@CHIROPRACTOR	2	3	\$ 45.98	\$ 15.33	.010	\$ 22.99	\$.15
VISITS	2	3	45.98	15.33	.010	22.99	.15
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	19	30	\$ 1,485.39	\$ 49.51	.100	\$ 78.18	\$ 4.93
NURSE ANESTHESIST	1	5	\$ 77.97	\$ 15.59	.017	\$ 77.97	\$.26
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	225	2,000	\$ 189,109.17	\$ 94.55	6.645	\$ 840.49	\$ 628.27
HOSP INPATIENT TOTAL	30	134	141,751.99	1057.85	.445	4725.07	470.94
HSC HOSPITALS	1	3	3,330.03	1110.01	.010	3330.03	11.06
NON-HSC HOSPITAL TOTAL	29	131	138,421.96	1056.66	.435	4773.17	459.87
ACCOMMODATIONS	29	131	62 , 785.15	479.28	.435	2165.01	208.59
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	29	131	62,785.15	479.28	.435	2165.01	208.59
ANCILLARIES	29	0	75 , 636.81	.00	.000	2608.17	251.29
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	215	1,866	47 , 357.18	25.38	6.199	220.27	157.33
MEDICAL	27	38	1,467.95	38.63	.126	54.37	4.88
SURGERY	28	33	953.48	28.89	.110	34.05	3.17
PATHOLOGY	110	455	6,708.09	14.74	1.512	60.98	22.29
RADIOLOGY	47	54	3,750.93	69.46	.179	79.81	12.46
ROOM USE	170	312	10,863.66	34.82	1.037	63.90	36.09

CROSSOVERS/ALL OTH OUTPTNT	158	974	23,	613.07	2	4.24	3.236	1	49.45		78.45	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00	
ANCILLARIES	0	0		.00		.00	.000		.00		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00	
MEDICAL	0	0		.00		.00	.000		.00		.00	
SURGERY	0	0		.00		.00	.000		.00		.00	
PATHOLOGY	0	0		.00		.00	.000		.00		.00	
RADIOLOGY	0	0		.00		.00	.000		.00		.00	
ROOM USE	0	0		.00		.00	.000		.00		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-OF-PA	YMENT REI	PORT FO	R JAN 200	4 THRU	DEC 20	04	PAG	GE 14,275	
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05	
SHASTA COUNTY	SUMMARY OF SERVICES FOR	MIA - N	O SOC - TOTAL									

----- MONTHLY AVERAGE -----301 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 225 2,000 189,109.17 \$ 94.55 6.645 \$ 840.49 \$ 628.27 30 134 141,751.99 1057.85 4725.07 COMM HOSP INPATIENT TOTAL .445 470.94 1110.01 1 3 3,330.03 3330.03 HSC HOSPITALS .010 11.06 29 NON-HSC HOSPITALS TOTAL 131 138,421.96 1056.66 .435 4773.17 459.87 29 131 ACCOMMODATIONS 62,785.15 479.28 .435 2165.01 208.59 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 0 TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 29 131 62,785.15 ALL OTHER ACCOM 479.28 .435 2165.01 208.59 ANCILLARIES 29 75,636.81 .00 .000 2608.17 251.29 .00 .00 .00 .000 .00 INPATIENT CROSSOVERS ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 1,866 25.38 COMM HOSP OUTPATIENT TOTAL 215 47,357.18 6.199 220.27 157.33 27 38 1,467.95 38.63 .126 54.37 MEDICAL 4.88 28 33 953.48 28.89 34.05 3.17 SURGERY .110 PATHOLOGY 110 455 6,708.09 14.74 1.512 60.98 22.29 54 47 3,750.93 69.46 .179 79.81 RADIOLOGY 170 312 10,863.66 34.82 1.037 63.90 36.09 ROOM USE CROSSOVERS/ALL OTH OUTPINT 158 974 23,613.07 24.24 3.236 149.45 78.45 0 .00 \$ 0 .00 \$.00 .000 \$.00 @STATE HOSPITAL .00 MENTALLY ILL Ω 0 .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .000 .00 . 00 .00 .00 .000 \$.00 \$ @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 .00 .00 .00 LEV B-REHAB MD .000 .00 .00 .00 .00 .000 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED .00 .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 . 00 .000 .00 .00 .000 .00 LEV B-REGULAR 0 0 @INTERMEDIATE CARE FACIL.-DD .00 \$.00 .000 \$.00 \$.00 0 .00 ICF DDH 0 .00 .000 .00 .00 ICF DD .00 .00 .000 .00 .00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	74	197	\$	3 , 545.17	\$	18.00	.654	\$	47.91	\$	11.78
PATHOLOGY	74	197		3,545.17		18.00	.654		47.91		11.78
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	143	300	\$	25 , 652.65	\$	85.51	.997	\$	179.39	\$	85.22
CLINIC	42	152		7,451.38		49.02	.505		177.41		24.76
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	102	148		18,201.27		122.98	.492		178.44		60.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITU	RES 1	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2004 THRU	DEC	2004	PA	GE 14,276
MOP024	FEE-FOR-SERVICE/DENT	'AL									03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES	FOR MIA -	NO S	OC - TOTAL							

----- MONTHLY AVERAGE -----301 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 38 91 3,703.84 40.70 .302 \$ 97.47 \$ 12.31 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 38 1,121.31 29.51 .126 124.59 3.73 123.49 AMBULANCES/AIR TRANS 37 1,111.43 30.04 .123 3.69 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES 9.88 9.88 .003 9.88 .03 ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 21 2,205.00 105.00 .070 105.00 7.33 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .000 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 13 126.05 OPTICIAN 9.70 .043 21.01 .42 PHYSICAL THERAPIST 18 243.47 13.53 121.74 .060 .81 PORTABLE X-RAY 0 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 .00 .00 PROSTHETICS .000 .00 .00 .00 ORTHOTICS .00 .000 .00 .00 PSYCHOLOGIST .00 .000 .00 SPEECH AND AUDIOLOGY .00 .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 .00 .00 .00 RESPIRATORY CARE PRACT. .00 .000 PED SUBACUTE REHAB/WEANING 0 .00 .00 .000 .00 .00 ALL OTHER PROVIDERS 1 8.01 8.01 .003 8.01 .03 @CALIF. CHILDREN SERVICES* \$.00 \$.00 .00 .000 \$.00 @XOVER EXCLUDING STATE HOSP** 0 \$.000 \$.00 \$.00 .00 .00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

03/14/05

SHASTA COUNTY	SUMMARY OF SERV	/ICES FOR MIA - SOC - 1	LTC	AID CODE	53		
					MON	THLY AVERAC	GE
64 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
**		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	107	3,745 \$	325,401.10	\$ 86.89	58.516 \$		\$ 5084.39
@PHYSICIANS SERVICES	27	57 \$	2,044.00	\$ 35.86	.891 \$		\$ 31.94
OUTPATIENT VISITS	4	5	191.55	38.31	.078	47.89	2.99
OFFICE VISITS	4	4	123.20	30.80	.063	30.80	1.93
	4	0					
HOME VISITS	1	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.016	68.35	1.07
PREVENTIVE CARE	U	U	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	8	292.44	36.56	.125	48.74	4.57
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	6	8	292.44	36.56	.125	48.74	4.57
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	6	276.66	46.11	.094	138.33	4.32
PRINCIPAL SURGEON	1	1	118.07	118.07	.016	118.07	1.84
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	158.59	31.72	.078	158.59	2.48
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	70.11	70.11	.016	70.11	1.10
	13	24	903.52	37.65	.375	69.50	14.12
RADIOLOGY	1.2	0					
PSYCHIATRY	0	•	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	•	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	9	13	309.72	23.82	.203	34.41	4.84
@PHARMACY	55	499 \$	32,592.51	\$ 65.32	7.797 \$		•
PRESCRIPTION DRUGS	53	315	32,480.04	103.11	4.922	612.83	507.50
SNF/ICF	39	211	10,094.57	47.84	3.297	258.84	157.73
OUTPATIENTS	15	104	22,385.47	215.24	1.625	1492.36	349.77
MEDICAL SUPPLIES	2	184	112.47	.61	2.875	56.24	1.76
@DENTIST	3	19 \$	400.00	\$ 21.05	.297 \$		
VISITS - DIAGNOSTIC	3	16	237.00	14.81	.250	79.00	3.70
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	3	163.00	54.33	.047	163.00	2.55
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	CES AND EXPENDITURES MOI					PAGE 14,278
MODO24	MEDI-CAL SERVIC		MILL OF TATMENT KI	LIONI FOR OAN A	FOOT THEO DE	C 2007	02/14/05

SHASTA COUNTY	SUMMARY OF SERV	ICES FOR MIA - SOC - LI	.'C		AID CODE					
						MC				
64 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAYS	S C	OST PER		COST PER
		OR DAYS OF CARE		PER	. UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	2 \$	161.01	\$	80.51	.031	\$	161.01	\$	2.52
DIAGNOSTIC AND ANC. PROCED	1	1	75.11		75.11	.016		75.11		1.17
EYE APPLIANCES	1	1	85.90		85.90	.016		85.90		1.34
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000	Ś	.00	Ś	.00
VISITS	0	0	.00	-	.00	.000	т.	.00	т	.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0 \$.00	Ś	.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0	0	.00	Y	.00	.000	Y	.00	Y	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
	0			Ċ			Ċ		Ċ	
@HOME HEALTH AGENCY	0	11 \$	792.03	\$	72.00			264.01		12.38
NURSE ANESTHESIST	U	0 \$.00	\$.00		\$		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00		\$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	Ş	.00		\$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00		\$.00		.00
@TOTAL HOSPITAL	17	109 \$	28,686.49	\$	263.18	1.703	\$		\$	448.23
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	17	109	28,686.49		263.18	1.703		1687.44		448.23
MEDICAL	5	6	393.33		65.56	.094		78.67		6.15
SURGERY	1	0	83.15CF	₹	.00	.000		83.15CR	2	1.30CR
PATHOLOGY	9	90	929.49		10.33	1.406		103.28		14.52
RADIOLOGY	Δ	6	524.04		87.34	.094		131.01		8.19
ROOM USE	2	1	47.35CF	>	47.35CR	.016		23.68CR)	.74CR
CROSSOVERS/ALL OTH OUTPTNT	6	6	26,970.13		4495.02	.094		4495.02		421.41
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000		.00	Ċ	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	Ÿ	.00	.000	Y	.00	Y	.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0								
	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	Ü	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	Ü	U	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

	SHASTA COUNTY	SUMMARY OF SERVICES FOR MIA -	SOC - LTC	AID CODE 53
--	---------------	-------------------------------	-----------	-------------

	TS/DAYS CO R ELIG	-	COST PER ELIGIBLE 448.23
OR DAYS OF CARE PER UNIT/DAY PER COMMUNITY HOSPITAL TOTAL 17 109 \$ 28,686.49 \$ 263.18 COMM HOSP INPATIENT TOTAL 0 0 0 .00 .00	R ELIG 1.703 \$ 1	USER E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL 17 109 \$ 28,686.49 \$ 263.18 COMM HOSP INPATIENT TOTAL 0 0 .00 .00	1.703 \$ 1 .000	.687.44 \$	
COMM HOSP INPATIENT TOTAL 0 0 .00 .00	.000	·	
			.00
		.00	.00
NON-HSC HOSPITALS TOTAL 0 0 .00 .00	.000	.00	.00
ACCOMMODATIONS 0 0 .00 .00	.000	.00	.00
ADMINISTRATIVE DAYS 0 0 .00 .00	.000	.00	.00
TRANSITIONAL IP CARE 0 0 .00 .00	.000	.00	.00
ALL OTHER ACCOM 0 0 .00 .00	.000	.00	.00
ANCILLARIES 0 0 .00 .00	.000	.00	.00
INPATIENT CROSSOVERS 0 0 .00 .00	.000	.00	.00
ALL OTHER INPATIENT 0 0 .00 .00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL 17 109 28,686.49 263.18	1.703 1	.687.44	448.23
MEDICAL 5 6 393.33 65.56	.094	78.67	6.15
SURGERY 1 0 83.15CR .00	.000	83.15CR	1.30CR
PATHOLOGY 9 90 929.49 10.33	1.406	103.28	14.52
RADIOLOGY 4 6 524.04 87.34	.094	131.01	8.19
ROOM USE 2 1 47.35CR 47.35CR	.016	23.68CR	.74CR
CROSSOVERS/ALL OTH OUTPTNT 6 6 26,970.13 4495.02	.094 4	495.02	421.41
@STATE HOSPITAL 0 0 \$.00 \$.00	.000 \$.00 \$.00
MENTALLY ILL 0 0 .00 .00	.000	.00	.00
DEVELOP. DISABLED 0 0 .00 .00	.000	.00	.00
@NURSING FACILITY 21 650 \$ 158,357.46 \$ 243.63 1	0.156 \$ 7	540.83 \$	2474.34
LEV A-INTERMEDIATE 0 0 .00 .00	.000	.00	.00
LEV B-REHAB MD 0 .00 .00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING 0 0 .00 .00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	7	210	1	16,457.58	1	554.56	3.281		16636.80		1819.65
LEV B-TRANSITIONAL IP CARE	0	0		.00	1	.00	.000		.00		.00
LEV B-REGULAR	14	440		41,899.88	1	95.23	6.875		2992.85		654.69
@INTERMEDIATE CARE FACILDD	12	364	\$	74,819.19	\$	205.55	5.688	\$	6234.93	\$	1169.05
ICF DDH	0	0		885.36)	.00	.000		.00		13.83
ICF DD	0	0		.00	1	.00	.000		.00		.00
ICF DDN/DDCN	12	364		73,933.83	}	203.11	5.688		6161.15		1155.22
@HEMODIALYSIS TOTAL	3	69	\$	5,144.16	\$	74.55	1.078	\$	1714.72	\$	80.38
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	3	69		5,144.16		74.55	1.078		1714.72		80.38
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	1	.00	.000		.00		.00
@LABORATORY FACILITY	16	139	\$	1,118.56	\$	8.05	2.172	\$	69.91	\$	17.48
PATHOLOGY	16	139		1,118.56)	8.05	2.172		69.91		17.48
XO AND OTHERS	0	0		.00	1	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	30	98	\$	9,450.38	\$	96.43	1.531	\$	315.01	\$	147.66
CLINIC	2	5		170.19)	34.04	.078		85.10		2.66
SURGICENTER	0	0		.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00	1	.00	.000		.00		.00
RURAL HEALTH CLINIC	28	93		9,280.19)	99.79	1.453		331.44		145.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURE	S MONTH-OF	-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 14,280
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	MIA - SC	C - LTC			AID CODE	E 53				
							M	ONT	HLY AVERA	GE.	

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 64 ELIGIBLES USERS UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,728 \$ 11,835.31 \$ 6.85 @ALL OTHER PROVIDERS 28 27.000 \$ 422.69 \$ 184.93 9 37 2,018.06 54.54 224.23 31.53 DURABLE MED. EQUIP. .578 .00 BLOOD BANK 0 .00 .00 .000 .00 .00 .000 .00 5.76 5.047 143.05 6.43 3.672 188.89 .00 HEARING AID DISPENSERS 0 .00 .00 1,859.70 13 MEDICAL TRANSPORTATION 323 29.06 235 AMBULANCES/AIR TRANS 1,511.15 23.61 3.97 1.297 65.96 329.82 OTHER TRANS 83 5.15 18.73 3.75 .078 9.37 OTHER SERVICES ACUPUNCTURE .00 .00 .000 .00 .00 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 8.32 .031 ADULT DAY HEALTH CARE CTR .00 .00 .00 .00 .00 .00 GENETIC DISEASE TESTING .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 OCCUPATIONAL THERAPIST .00 .00 16.64 16.64 OPTICIAN 16.64 0.52
111.59 11.16
.00 .00
292.18 146.09
292.18 146.09
.00 .00 10 PHYSICAL THERAPIST .156 111.59 1.74 0 PORTABLE X-RAY .000 .00 .00 .031 146.09 .031 146.09 PROSTHETIST/ORTHOTISTS PROSTHETICS 4.57 .00 ORTHOTICS .000 .00 .00 .00 .000 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY 144.58 48.19 .047 144.58 2.26 HOSPICE SERVICES 58 7,243.04 124.88 .906 3621.52 113.17 .00 .00 NONINST BIRTHING CENTERS .00 .000 .00 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 .00 .00 .000 .00 . 00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 RESPIRATORY CARE PRACT. .00 149.52 0 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 1,293 .12 20.203 74.76 ALL OTHER PROVIDERS 2.34 .00 \$ @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00

@XOVER EXCLUDING STATE HOSP** 4 14 \$ 4,467.99 \$ 319.14 .219 \$ 1117.00 \$ 69.81

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,281 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

SHASTA COUNTY	SUMMARY OF SER	VICES FOR MIA - SOC -	PREGNANT	AID CODE	8 /		
					MON	THLY AVERA	GE
06 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5	17 \$	738.80	\$ 43.46	2.833 \$	147.76	\$ 123.13
@PHYSICIANS SERVICES	1	9 \$	549.02	\$ 61.00	1.500 \$		\$ 91.50
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
	0	9					
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	8	501.91	62.74	1.333	501.91	83.65
HOSPITAL VISITS	1	6	321.41	53.57	1.000	321.41	53.57
CRITICAL CARE	1	2	180.50	90.25	.333	180.50	30.08
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
	0	0	.00				
IMMUNIZATION AND INJECTION	0			.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	47.11	47.11	.167	47.11	7.85
@PHARMACY	1	1 \$	99.28	\$ 99.28	.167 \$		\$ 16.55
PRESCRIPTION DRUGS	1	1	99.28	99.28	.167	99.28	16.55
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	1	99.28	99.28	.167	99.28	16.55
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
OTTION THITINITATIONS	0	O	.00	.00	• 0 0 0	• • • •	• 0 0

MAXILLOFACIAL SERVICES 0 0 .00 .00 .000 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .000 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .00 ALL OTHER SERVICES .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,282

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

SHASTA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

SHASTA COUNTY	SUMMARY OF SER	VICES FOR MIA -	soc -	PREGNANT		AID CODE	87				
									HLY AVERA	GΕ	
06 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES		ERAGE COST		S	COST PER		COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	4	7	Ś	90.50	Ś	12.93	1.167		22.63		15.08
HOSP INPATIENT TOTAL	0	0	τ	.00	Τ.	.00	.000	Τ.	.00	Τ.	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4	7		90.50		12.93	1.167		22.63		15.08
MEDICAL	1	1		.00		.00	.167		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		.00		.00	.167		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	5		90.50		18.10	.833		30.17		15.08
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ċ	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	Ÿ	.00	Ÿ	.00	.000	Y	.00	Ÿ	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0										
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	U		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU D	EC 2004	PAGE 14,283
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FO	OR MIA - SOC	- PREGNANT	AID CODE	87		

----- MONTHLY AVERAGE -----06 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 7 90.50 12.93 1.167 \$ 22.63 \$ 15.08 COMM HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 ANCILLARIES .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .000 .00 ALL OTHER INPATIENT .00 COMM HOSP OUTPATIENT TOTAL 90.50 12.93 1.167 22.63 15.08 .00 .00 .00 MEDICAL .167 .00 SURGERY .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 PATHOLOGY RADIOLOGY .00 .00 .00 .000 .00 1 ROOM USE .00 .00 .167 .00 .00 5 90.50 18.10 30.17 CROSSOVERS/ALL OTH OUTPINT .833 15.08 0 .00 .00 \$ @STATE HOSPITAL .00 .000 \$.00 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 .00 .00 .000 \$.00 .00 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 0 .00 .00 .00 .000 .00 LEV B-REGULAR 0 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 .00 \$.00 0 ICF DDH .00 .00 .000 .00 .00 0 .00 .00 ICF DD .00 .000 .00 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 @HEMODIALYSIS TOTAL .00 .00 .000 \$.00 \$. 00 HOSPITAL BASED .00 .00 .000 .00 .00 0 .00 HEMODIALYSIS CENTER .00 .000 .00 .00 @REHABILITATION FACILITY Ω .00 .00 .000 .00 \$. 00 0 .00 .00 .00 .000 .00 HOSPITAL BASED 0 .00 .00 INDEPENDENT FACILITY .00 .000 .00 @LABORATORY FACILITY .00 .00 .000 Ś .00 . 00 .00 .00 .00 .000 .00 PATHOLOGY 0 .00 .00 XO AND OTHERS .00 .000 .00 0 .00 .00 \$ @ORGANIZED OUTPATIENT CLINIC .00 .000 Ś .00 CLINIC .00 .00 .000 .00 .00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2004	THRU DEC	2004	PAGE 14,284
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FO	OR MIA - SOC	- PREGNANT	AID CODE 87			

SHASIA COUNTI	SOUTHWILL OF SELVI	TCES FOR MIA SOC	FINEGUAINI	AID CODE	0 /		
					MON	THLY AVERAG	E
06 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00

03/14/05

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,285 MOP024 FEE-FOR-SERVICE/DENTAL

SHASTA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

SHASIA COUNTI	SUMMAKI OF SEK	VICES FOR MIA - 3	- 50C	TOTAL		140	NIMITA ATABA	C.E.	
70 51 50151 50							NTHLY AVERA		
70 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
	110	OR DAYS OF CARE		206 122 22	PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	112	3,762	\$	326,139.90	\$ 86.69	53.743			4659.14
@PHYSICIANS SERVICES	28	66	\$	•	\$ 39.29	.943		Ş	37.04
OUTPATIENT VISITS	4	5		191.55	38.31	.071	47.89		2.74
OFFICE VISITS	4	4		123.20	30.80	.057	30.80		1.76
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	1	1		68.35	68.35	.014	68.35		.98
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	7	16		794.35	49.65	.229	113.48		11.35
HOSPITAL VISITS	1	6		321.41	53.57	.086	321.41		4.59
CRITICAL CARE	1	2		180.50	90.25	.029	180.50		2.58
SNF/ICF/TRANS IP CARE	6	8		292.44	36.56	.114	48.74		4.18
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	2	6		276.66	46.11	.086	138.33		3.95
PRINCIPAL SURGEON	1	1		118.07	118.07	.014	118.07		1.69
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	5		158.59	31.72	.071	158.59		2.27
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	1		70.11	70.11	.014	70.11		1.00
RADIOLOGY	13	24		903.52	37.65	.343	69.50		12.91
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	10	14		356.83	25.49	.200	35.68		5.10
@PHARMACY	56	500	Ś		\$ 65.38	7.143		Ś	467.03
PRESCRIPTION DRUGS	54	316	т	32,579.32	103.10	4.514	603.32	Τ.	465.42
SNF/ICF	39	211		10,094.57	47.84	3.014	258.84		144.21
OUTPATIENTS	16	105		22,484.75	214.14	1.500	1405.30		321.21
MEDICAL SUPPLIES	2	184		112.47	.61	2.629	56.24		1.61
@DENTIST	3	19	Ś	400.00	\$ 21.05	.271		Ś	5.71
VISITS - DIAGNOSTIC	3	16	۲	237.00	14.81	.229	79.00	~	3.39
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
VINTOILEDIA	U	U		.00	.00	.000	.00		.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	3	163.00	54.33	.043	163.00	2.33
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU D	EC 2004	PAGE 14,286
MOP024	FEE-FOR-SERVICE/DENTA	ΑL					03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES E	FOR MIA - SOC	- TOTAL				

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 70 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE @OPTOMETRIST 1 2 161.01 80.51 .029 \$ 161.01 \$ 2.30 DIAGNOSTIC AND ANC. PROCED 1 1 75.11 75.11 .014 75.11 1.07 EYE APPLIANCES 1 85.90 85.90 .014 85.90 1.23 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR \$.00 .00 .000 \$.00 \$.00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 .00 .00 .00 \$ @PODIATRIST .000 \$.00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 0 .00 .00 .00 SURGERY/ANES. .00 .000 RADIO./PATHOLOGY .00 .00 .00 .00 .000 OTHER 0 .00 .00 .00 .00 .000 792.03 264.01 \$ @HOME HEALTH AGENCY 11 72.00 .157 \$ 0 NURSE ANESTHESIST .00 .00 .000 \$.00 \$.00 0 .00 .00 NURSE MIDWIFE .00 .000 .00 .00 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 .00 FAMILY NURSE PRACTITIONER 0 .00 .000 \$.00 Ś .00 28,776.99 @TOTAL HOSPITAL 116 248.08 1.657 1370.33 0 .00 .00 .00 .000 HOSP INPATIENT TOTAL HSC HOSPITALS 0 .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .000 .00 ALL OTHER INPATIENT .00 21 28,776.99 HOSP OUTPATIENT TOTAL 116 248.08 1.657 1370.33 411.10 6 MEDICAL 393.33 56.19 .100 65.56 5.62 SURGERY 0 83.15CR .00 .000 83.15CR 1.19CR 929.49 1.286 103.28 PATHOLOGY 90 10.33 13.28 6 524.04 87.34 .086 131.01 7.49 RADIOLOGY .029 15.78CR .68CR ROOM USE 47.35CR 23.68CR 27,060.63 2460.06 .157 3006.74 386.58 CROSSOVERS/ALL OTH OUTPTNT 11 @COUNTY HOSPITAL TOTAL .00 .00 .000 \$.00 S . 00 .00 .00 CO HOSPITAL INPATIENT TOTAL .00 .000 .00 .00 .00 HSC HOSPITALS .00 .000 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .000 .00 ACCOMMODATIONS .00 .00 .000 . 00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DEC	2004	PAGE 14,287
MOP024	FEE-FOR-SERVICE/DENTA	.L					03/14/05

----- MONTHLY AVERAGE -----

SHASTA COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

70 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 116 28,776.99 \$ 248.08 1.657 \$ 1370.33 \$ 411.10 @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .00 ALL OTHER ACCOM .000 .00 .00 .00 .00 .000 .00 ANCILLARIES .00 .00 .00 INPATIENT CROSSOVERS .000 .00 ALL OTHER INPATIENT 0 .00 .00 .000 .00 28,776.99 248.08 1370.33 COMM HOSP OUTPATIENT TOTAL 116 1.657 411.10 6 56.19 .100 MEDICAL 393.33 65.56 5.62 SURGERY 0 83.15CR .00 .000 83.15CR 1.19CR PATHOLOGY 90 929.49 10.33 1.286 103.28 13.28 .086 131.01 524.04 87.34 RADIOLOGY ROOM USE 47.35CR 23.68CR .029 15.78CR .68CR CROSSOVERS/ALL OTH OUTPTNT 11 27,060.63 2460.06 .157 3006.74 386.58 0 .00 \$.00 .000 \$.00 \$.00 @STATE HOSPITAL .00 .00 0 .00 .000 . 00 MENTALLY ILL 0 DEVELOP. DISABLED .00 .00 .000 .00 .00 158,357.46 7540.83 \$ 2262.25 243.63 9.286 \$ @NURSING FACILITY 0 .00 .00 .00 LEV A-INTERMEDIATE .000 . 00 LEV B-REHAB MD 0 .00 .00 .000 .00 .00 0 .00 .000 .00 LEV B-SUBACUTE FREESTANDING .00 210 116,457.58 LEV B-SUBACUTE HSPTL BASED 554.56 3.000 16636.80 1663.68 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .000 .00 . 00 LEV B-REGULAR 440 41,899.88 95.23 6.286 2992.85 598.57 @INTERMEDIATE CARE FACIL.-DD 12 74,819.19 205.55 5.200 \$ 6234.93 \$ 1068.85 364 ICF DDH 0 885.36 .00 .000 . 00 12.65 0 0 .00 .00 ICF DD .00 .000 12 73,933.83 203.11 5.200 6161.15 ICF DDN/DDCN 364 1056.20 .986 \$ 1714.72 \$ @HEMODIALYSIS TOTAL 3 69 5,144.16 74.55 0 .00 .000 .00 .00 HOSPITAL BASED 69 74.55 1714.72 HEMODIALYSIS CENTER 5,144.16 .986 73.49 0 .00 .00 .000 \$.00 \$.00 @REHABILITATION FACILITY HOSPITAL BASED .00 .00 .000 .00 .00

INDEPENDENT FACILITY	0	0	.00		.00 .00	0	.00		.00
@LABORATORY FACILITY	16	139 \$	1,118.56	\$ 8	8.05 1.98	6 \$	69.91	\$	15.98
PATHOLOGY	16	139	1,118.56	8	8.05 1.98	6	69.91		15.98
XO AND OTHERS	0	0	.00		.00 .00	0	.00		.00
@ORGANIZED OUTPATIENT CLINIC	30	98 \$	9,450.38	\$ 90	6.43 1.40	0 \$	315.01	\$	135.01
CLINIC	2	5	170.19	34	4.04 .07	1	85.10		2.43
SURGICENTER	0	0	.00		.00 .00	0	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00 .00	0	.00		.00
RURAL HEALTH CLINIC	28	93	9,280.19	9	9.79 1.32	9	331.44		132.57
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT FOR	R JAN 2004 THR	U DEC	2004	PI	AGE 14,288
MOP024	FEE-FOR-SERVICE/DEN'	TAL							03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES	FOR MIA - SOC	C - TOTAL						

----- MONTHLY AVERAGE -----70 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 11,835.31 \$ 6.85 24.686 \$ 422.69 \$ 169.08 28 1,728 \$ @ALL OTHER PROVIDERS 37 DURABLE MED. EOUIP. 9 2,018.06 54.54 .529 224.23 28.83 .00 .00 .000 .00 BLOOD BANK .00 .00 .00 .000 .000 1,859.70 5.76 4.614 143.05 1,511.15 6.43 3.357 188.89 329.82 3.97 1.186 65.96 18.73 3.75 .071 9.37 0 0 HEARING AID DISPENSERS .00 13 8 323 MEDICAL TRANSPORTATION 26.57 235 AMBULANCES/AIR TRANS 21.59 83 OTHER TRANS

 18.73
 3.75
 .071
 9.37
 .27

 .00
 .00
 .000
 .00
 .00

 .00
 .00
 .000
 .00
 .00

 .00
 .00
 .000
 .00
 .00

 .00
 .00
 .000
 .00
 .00

 .00
 .00
 .000
 .00
 .00

 .00
 .00
 .000
 .00
 .00

 .00
 .00
 .000
 .00
 .00

 .00
 .00
 .000
 .00
 .00

 .00
 .00
 .000
 .00
 .00

 .00
 .00
 .000
 .00
 .00

 .00
 .00
 .000
 .00
 .00

 .00
 .00
 .000
 .00
 .00

 .00
 .00
 .000
 .00
 .00

 .00
 .00
 .000
 .00
 .00

 .00
 .00
 .000
 .00
 .00

 .00
 .00
 .000
 .00
 .00

 .00
 .00
 .000
 <t OTHER SERVICES .27 ACUPUNCTURE ADULT DAY HEALTH CARE CTR 0 0 GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP 0 OCCUPATIONAL THERAPIST OPTICIAN 10 PHYSICAL THERAPIST 0 PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS 0 ORTHOTICS 0 PSYCHOLOGIST 0 3 58 SPEECH AND AUDIOLOGY 3 HOSPICE SERVICES 0 NONINST BIRTHING CENTERS 0 LOCAL EDUCATION AGENCIES 0 0 0 0 EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING 1,293 0 0 \$ 4 14 \$ ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** \$ 4,467.99 \$ 319.14

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,289 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR FOR FUTURE USE SHASTA COUNTY

MONIMITY ATTENACE

							[v]	OMI	ULL AARVA	.GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND H	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	1 2004 THRU	DEC 2004	PAGE 14,290
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	R FOR FUTURE	E USE				
					M	ONTHLY AVERAG	GE

						MC	TNC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000	.00	.00
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	Ô	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	Ô	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	Ô	Ô	.00		.00	.000	.00	.00
ANCILLARIES	0	Û	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
	0	0						
CO HOSP OUTPATIENT TOTAL	U	Ū	.00		.00	.000	.00	.00
MEDICAL	0	0	.00		.00	.000	.00	.00
SURGERY	0	0	.00		.00	.000	.00	.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00
RADIOLOGY	0	0	.00		.00	.000	.00	.00
ROOM USE	0	0	.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT	REPORT E	FOR JAN 2004	THRU I	DEC 2004	PAGE 14,291
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	FOR FUTUR	I USE					22, 21, 00
		101. 101010				Mo	ONTHLY AVERAG	F
						1*10	JIVITILL AVENAG	ш

00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	IINITS/DAYS	COST PER	COST PER
00 221012220	OCLINO	OR DAYS OF CARE		EMI EMDITORED	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	
COMM HOSP INPATIENT TOTAL	Ō	0	•	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUR	ES MONTH-	OF-PAYMENT R	EPORT	FOR JAN 2	004 THRU	DEC	2004	PAC	GE 14 , 292
MOP024	FEE-FOR-SERVICE/DENT	AL									03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES	FOR FOR FUT	URE USE								

							1.1	ONTINE TIVETO	ш	
00 ELIGIBLES	USERS U	NITS OF SERVIC	E	EXPENDIT	URES	AVERAGE COST	UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CAR	E			PER UNIT/DAY				ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0			.00	.00	.000	.00		.00
BLOOD BANK	0	0			.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0			.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0			.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0			.00	.00	.000	.00		.00
OTHER TRANS	0	0			.00	.00	.000	.00		.00
OTHER SERVICES	0	0			.00	.00	.000	.00		.00
ACUPUNCTURE	0	0			.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0			.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0			.00	.00	.000	.00		.00
OPTICIAN	0	0			.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0			.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0			.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0			.00	.00	.000	.00		.00
PROSTHETICS	0	0			.00	.00	.000	.00		.00
ORTHOTICS	0	0			.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0			.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0			.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0			.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0			.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0			.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0			.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
A* TOTALS IN THESE LINES ARE CIT	JEN AS A SEDARAT	F TNFORMATTON	ттгм	ONT.V.						

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

					MON'	THLY AVERA	GE
371 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	626 222	7 , 853 \$	612,949.82	\$ 78.05	21.167 \$	979.15	\$ 1652.16
@PHYSICIANS SERVICES	222	913 \$	42,550.01	\$ 46.60	2.461 \$	191.67	\$ 114.69
OUTPATIENT VISITS	104	523	14,723.55	28.15	1.410	141.57	39.69
OFFICE VISITS	20	22	790.83	35.95	.059	39.54	2.13
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	36	47	2,713.92	57.74	.127	75.39	7.32
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	54	454	11,218.80	24.71	1.224	207.76	30.24
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	34	82	5,561.64	67.82	.221	163.58	14.99
HOSPITAL VISITS	27	59	2,971.78	50.37	.159	110.07	8.01
CRITICAL CARE	6	15	2,297.42	153.16	.040	382.90	6.19
SNF/ICF/TRANS IP CARE	6	8	292.44	36.56	.022	48.74	.79
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	29	61	13,290.36	217.87	.164	458.29	35.82
PRINCIPAL SURGEON	22	22	11,792.54	536.02	.059	536.02	31.79
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	39	1,497.82	38.41	.105	187.23	4.04
OUTPATIENT SURGERY	13	30	1,524.27	50.81	.081	117.25	4.11
PRINCIPAL SURGEON	9	13	983.19	75.63	.035	109.24	2.65
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	17	541.08	31.83	.046	108.22	1.46
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	54	190.77	3.53	.146	38.15	.51
RADIOLOGY	84	119	5,558.97	46.71	.321	66.18	14.98
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	31	44	1,700.45	38.65	.119	54.85	4.58
@PHARMACY	245	967 \$		\$ 53.54	2.606 \$		\$ 139.56
PRESCRIPTION DRUGS	241	757	50,299.11	66.45	2.040	208.71	135.58
SNF/ICF	39	211	10,094.57	47.84	.569	258.84	27.21
OUTPATIENTS	203	546	40,204.54	73.63	1.472	198.05	108.37
MEDICAL SUPPLIES	12	210	1,478.44	7.04	.566	123.20	3.99
@DENTIST	26	138 \$	3,870.00	\$ 28.04	.372 \$		
VISITS - DIAGNOSTIC	22	111	1,430.00	12.88	.299	65.00	3.85
ORAL SURGERY	6	10	709.00	70.90	.027	118.17	1.91
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	4	975.00	243.75	.011	487.50	2.63
RESTORATIVE DENTISTRY	7	13	756.00	58.15	.035	108.00	2.04
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	n	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	· ·	U CES AND EXPENDITURES MOI					PAGE 14,294
#CALIF DEFI OF REALIR SERV	MEDI-CAL SERVIC		NIII OF EATMENT RE	TION TON UAN 2	TOO TILL DE	2004	PAGE 14,294

FEE-FOR-SERVICE/DENTAL

03/14/05

SHASIA COUNTI	SOMMANT OF SERV	VICED FOR	ппртсипп	1 111010	JENI ADOLI	5 1	JIAL					
								M	INO	'HLY AVERA	GE	
371 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURE	S A	VERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			P.	ER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	10		34	\$	838.0	1 \$	24.65	.092	\$	83.80	\$	2.26
DIAGNOSTIC AND ANC. PROCED	8		8		367.2	1	45.90	.022		45.90		.99
EYE APPLIANCES	8		25		413.6	0	16.54	.067		51.70		1.11
OTHER OPTOMETRIC SERVICES	1		1		57.2	0	57.20	.003		57.20		.15
@CHIROPRACTOR	2		3	\$	45.9	8 \$	15.33	.008	\$	22.99	\$.12
VISITS	2		3		45.9	8	15.33	.008		22.99		.12
OTHER SERVICES	0		0		.0	0	.00	.000		.00		.00
@PODIATRIST	0		0	\$.0	0 \$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.0	0	.00	.000		.00		.00
SURGERY/ANES.	0		0		.0	0	.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.0	0	.00	.000		.00		.00
OTHER	0		0		.0	0	.00	.000		.00		.00
@HOME HEALTH AGENCY	22		41	\$	2,277.4	2 \$	55.55	.111	\$	103.52	\$	6.14
NURSE ANESTHESIST	1		5	\$	77.9	7 \$	15.59	.013	\$	77.97	\$.21
NURSE MIDWIFE	0		0	\$.0	0 \$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.0	0 \$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.0	0 \$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	246	4	2,116	\$	217,886.1	6 \$	102.97	5.704	\$	885.72	\$	587.29
HOSP INPATIENT TOTAL	30		134		141,751.9	9	1057.85	.361		4725.07		382.08
HSC HOSPITALS	1		3		3,330.0	3	1110.01	.008		3330.03		8.98
NON-HSC HOSPITAL TOTAL	29		131		138,421.9	6	1056.66	.353		4773.17		373.11
ACCOMMODATIONS	29		131		62,785.1	5	479.28	.353		2165.01		169.23
ADMINISTRATIVE DAYS	0		0		.0	0	.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.0	0	.00	.000		.00		.00
ALL OTHER ACCOM	29		131		62,785.1	5	479.28	.353		2165.01		169.23
ANCILLARIES	29		0		75,636.8	1	.00	.000		2608.17		203.87
INPATIENT CROSSOVERS	0		0		.0	0	.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.0	0	.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	236	1,982		76,134.17		38.41	5.342		322.60		205.21
MEDICAL	33	45		1,861.28		41.36	.121		56.40		5.02
SURGERY	29	33		870.33		26.37	.089		30.01		2.35
PATHOLOGY	119	545		7,637.58		14.01	1.469		64.18		20.59
RADIOLOGY	51	60		4,274.97		71.25	.162		83.82		11.52
ROOM USE	173	314		10,816.31		34.45	.846		62.52		29.15
CROSSOVERS/ALL OTH OUTPINT	167	985		50,673.70		51.45	2.655		303.44		136.59
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES MONTH-OF	-PAYMENT RE	EPORT	FOR JAN 2	004 THRU	DEC 2	2004	PA	AGE 14,295
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05

BHASIA COUNTI	DOMESTIC OF DELL	VICED FOR MEDICA.		INDIGENI ADOL	10	IOIAL					
							MC)NT	HLY AVERA	.GE	
371 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITUR	ES	AVERAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS OF CAR	E			PER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	246	2,116	\$	217,886.	16	\$ 102.97	5.704	\$	885.72	\$	587.29
COMM HOSP INPATIENT TOTAL	30	134		141,751.	99	1057.85	.361		4725.07		382.08
HSC HOSPITALS	1	3		3,330.	03	1110.01	.008		3330.03		8.98
NON-HSC HOSPITALS TOTAL	29	131		138,421.	96	1056.66	.353		4773.17		373.11
ACCOMMODATIONS	29	131		62,785.	15	479.28	.353		2165.01		169.23
ADMINISTRATIVE DAYS	0	0		. (00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		. (00	.00	.000		.00		.00
ALL OTHER ACCOM	29	131		62,785.	15	479.28	.353		2165.01		169.23
ANCILLARIES	29	0		75,636.8	81	.00	.000		2608.17		203.87
INPATIENT CROSSOVERS	0	0		. (00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	236	1,982		76,134.		38.41	5.342		322.60		205.21
MEDICAL	33	45		1,861.2		41.36	.121		56.40		5.02
SURGERY	29	33		870.3	33	26.37	.089		30.01		2.35
PATHOLOGY	119	545		7,637.	58	14.01	1.469		64.18		20.59
RADIOLOGY	51	60		4,274.		71.25	.162		83.82		11.52
ROOM USE	173	314		10,816.	31	34.45	.846		62.52		29.15
CROSSOVERS/ALL OTH OUTPTNT	167	985		50 , 673.		51.45	2.655		303.44		136.59
@STATE HOSPITAL	0	0	\$. (00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0			00	.00	.000		.00		.00
DEVELOP. DISABLED	0	0			00	.00	.000		.00		.00
@NURSING FACILITY	21	650	\$	158,357.	46	\$ 243.63	1.752	\$	7540.83	\$	426.84
LEV A-INTERMEDIATE	0	0		. (00	.00	.000		.00		.00
LEV B-REHAB MD	0	0			00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		_ (00	.00	.000		.00		.00

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

SHASTA COUNTY

LEV B-SUBACUTE HSPTL BASED	7	210		116,457.58		554.56	.566		16636.80		313.90
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	14	440		41,899.88		95.23	1.186		2992.85		112.94
@INTERMEDIATE CARE FACILDD	12	364	\$	74,819.19	\$	205.55	.981	\$	6234.93	\$	201.67
ICF DDH	0	0		885.36		.00	.000		.00		2.39
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	12	364		73,933.83		203.11	.981		6161.15		199.28
@HEMODIALYSIS TOTAL	3	69	\$	5,144.16	\$	74.55	.186	\$	1714.72	\$	13.87
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	3	69		5,144.16		74.55	.186		1714.72		13.87
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	90	336	\$	4,663.73	\$	13.88	.906	\$	51.82	\$	12.57
PATHOLOGY	90	336		4,663.73		13.88	.906		51.82		12.57
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	173	398	\$	35,103.03	\$	88.20	1.073	\$	202.91	\$	94.62
CLINIC	44	157		7,621.57		48.55	.423		173.22		20.54
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	130	241		27,481.46		114.03	.650		211.40		74.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	URES	MONTH-OF-PAYMENT R	EPORI	FOR JAN	2004 THRU	DEC	2004	P7	AGE 14,296
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	MEDIC	ALLY	INDIGENT - ADULTS	- TOI	'AL					

----- MONTHLY AVERAGE -----371 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 1,819 \$ 15,539.15 \$ 8.54 4.903 \$ 235.44 \$ 41.88 66 9 37 2,018.06 54.54 224.23 5.44 DURABLE MED. EQUIP. .100 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .00 HEARING AID DISPENSERS 0 .000 .00 135.50 MEDICAL TRANSPORTATION 361 2,981.01 8.26 .973 8.04 9.64 3.97 4.77 .00 .00 105.00 .00 .00 9.51 17 154.27 AMBULANCES/AIR TRANS 272 2,622.58 9.64 .733 7.07 329.82 OTHER TRANS 83 .224 65.96 .89 28.61 9.54 .016 OTHER SERVICES ACUPUNCTURE 0 .00 .000 .00 .00 0 ADULT DAY HEALTH CARE CTR .00 .000 .00 .00 2,205.00 GENETIC DISEASE TESTING 21 .057 105.00 0 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 .00 15 142.69 .040 20.38 OPTICIAN 28 355.06 118.35 PHYSICAL THERAPIST 12.68 .075 .96 PORTABLE X-RAY .00 .00 .000 .00 .00 292.18 146.09 292.18 146.09 .79 PROSTHETIST/ORTHOTISTS .005 146.09 146.09 PROSTHETICS .005 .79 .00 ORTHOTICS .00 .00 .000 . 00 .00 .00 .000 .00 PSYCHOLOGIST 3 SPEECH AND AUDIOLOGY 144.58 48.19 .008 144.58 .39 HOSPICE SERVICES 58 7,243.04 124.88 3621.52 19.52 .156 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 .00 .000 .00 . 00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 RESPIRATORY CARE PRACT. 0 .00 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 157.53 1,294 52.51 .12 ALL OTHER PROVIDERS 3.488 .42 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 4 14 \$ 4,467.99 \$ 319.14 .038 \$ 1117.00 \$ 12.04

03/14/05

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,297 MOP024 FEE-FOR-SERVICE/DENTAL

SHASTA COUNTY SUMMARY OF SERVICES FOR ALL AGED

SHASIA COUNII	SUMMARI OF SERV	VICES FOR ALL AGED			MON'	ת מיינות איינות	GE
32,113 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
JZ, IIJ EHIGIBHES	055175	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	30,098	788,520 \$	31,611,687.21	\$ 40.09	24.555 \$		\$ 984.39
@PHYSICIANS SERVICES	5,490	16,458 \$	266,369.92	\$ 16.18	.513 \$		
OUTPATIENT VISITS	45	53	1,839.90	34.72	.002	40.89	.06
OFFICE VISITS	37	44	1,233.15	28.03	.002	33.33	.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	8	606.75	75.84	.000	75.84	.00
	0	0	.00	.00	.000	.00	.02
PREVENTIVE CARE OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	.00	.00	.000	.00	.00
INPATIENT VISITS	8	21	1,067.71	50.84	.001	133.46	.00
	8 6	15					
HOSPITAL VISITS	3	15	642.11 425.60	42.81	.000	107.02	.02
CRITICAL CARE				70.93	.000	141.87	.01
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	10	13	572.02	44.00	.000	57.20	.02
EXAMINATIONS	10	13	572.02	44.00	.000	57.20	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	28	6,657.61	237.77	.001	1331.52	.21
PRINCIPAL SURGEON	4	6	5,654.00	942.33	.000	1413.50	.18
ASSISTANT SURGEON	1	1	421.07	421.07	.000	421.07	.01
ANESTHESIOLOGIST	1	21	582.54	27.74	.001	582.54	.02
OUTPATIENT SURGERY	12	139	5,605.45	40.33	.004	467.12	.17
PRINCIPAL SURGEON	10	11	4,924.30	447.66	.000	492.43	.15
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	128	681.15	5.32	.004	113.53	.02
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	11	185.76	16.89	.000	37.15	.01
RADIOLOGY	29	54	2,883.20	53.39	.002	99.42	.09
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	26	2,226.67	85.64	.001	445.33	.07
OTHER SERVICES/ALL X-OVERS	5,416	16,113	245,331.60	15.23	.502	45.30	7.64
@PHARMACY	24,276	322,748 \$	8,619,240.50	\$ 26.71	10.050 \$		•
PRESCRIPTION DRUGS	23,987	129,136	8,454,535.43	65.47	4.021	352.46	263.27
SNF/ICF	6,005	47,713	2,517,336.43	52.76	1.486	419.21	78.39
OUTPATIENTS	18,059	81,423	5,937,199.00	72.92	2.536	328.77	184.88
MEDICAL SUPPLIES	2,006	193,612	164,705.07	.85	6.029	82.11	5.13
@DENTIST	1,289	4,558 \$	203,637.80	\$ 44.68	.142 \$	157.98	
VISITS - DIAGNOSTIC	921	2,903	39,406.30	13.57	.090	42.79	1.23
ORAL SURGERY	145	545	23,241.00	42.64	.017	160.28	.72
DRUGS	5	9	90.00	10.00	.000	18.00	.00
ANESTHESIA	8	8	700.00	87.50	.000	87.50	.02
PERIODONTICS	42	43	4,455.00	103.60	.001	106.07	.14
ENDODONTICS	19	27	6,020.00	222.96	.001	316.84	.19
RESTORATIVE DENTISTRY	174	390	27,944.00	71.65	.012	160.60	.87
PROSTHETICS	11	14	390.00	27.86	.000	35.45	.01
DENTURES, STAYPLATES	294	590	100,916.50	171.04	.018	343.25	3.14
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	2	3	475.00	158.33	.000	237.50	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	2	.00	.00	.000	.00	.00
ALL OTHER SERVICES	26	24	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DE	C 2004	PAGE 14,298
MOP024	FEE-FOR-SERVICE/DENTA	.L					03/14/05
CHACHA COUNTY	CHMMADY OF CEDUTCEC F	OD ATT ACED					

SHASTA COUNTY	SUMMARY OF SER	VICES FOR ALL AGE	ED								
							M	TИC	HLY AVERA	GΕ	
32,113 ELIGIBLES	USERS	UNITS OF SERVICE	<u>C</u>	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	3		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	735	2,026	\$	42,633.96	\$	21.04	.063	\$	58.01	\$	1.33
DIAGNOSTIC AND ANC. PROCED	66	72		2,440.02		33.89	.002		36.97		.08
EYE APPLIANCES	569	1,619		35,136.32		21.70	.050		61.75		1.09
OTHER OPTOMETRIC SERVICES	161	335		5,057.62		15.10	.010		31.41		.16
@CHIROPRACTOR	23	31	\$	464.63	\$	14.99	.001	\$	20.20	\$.01
VISITS	7	11		183.92		16.72	.000		26.27		.01
OTHER SERVICES	18	20		280.71		14.04	.001		15.60		.01
@PODIATRIST	383	480	\$	2,925.63	\$	6.10	.015	\$	7.64	\$.09
MEDICINE/INJECTIONS	0	0	•	.00		.00	.000		.00	·	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	383	480		2,925.63		6.10	.015		7.64		.09
@HOME HEALTH AGENCY	0	0	\$.00	\$.00		\$.00	Ś	.00
NURSE ANESTHESIST	3	15	Ś	42.38	\$	2.83	.000	\$	14.13	\$.00
NURSE MIDWIFE	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś		\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	8	20	Ś		\$	9.35	.001		23.39	\$.01
@TOTAL HOSPITAL	1,584	6,313	Ś			144.60	.197		576.29		28.43
HOSP INPATIENT TOTAL	515	267	۲	747,703.41	~	2800.39	.008	٧	1451.85	7	23.28
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	35	267		341,847.50		1280.33	.008		9767.07		10.65
ACCOMMODATIONS	35	267		102,311.33		383.19	.008		2923.18		3.19
ACCOMMODATIONS ADMINISTRATIVE DAYS	2	22		4,670.80		212.31	.001		2335.40		.15
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	34	245		97,640.53		398.53	.008		2871.78		3.04
ANCILLARIES	35	249		239,536.17		.00	.000		6843.89		7.46
INPATIENT CROSSOVERS	481	0		405,855.91		.00	.000		843.78		12.64
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,108	6,046		165,146.53		27.32	.188		149.05		5.14
MEDICAL	14	26		718.00		27.62	.001		51.29		.02
SURGERY	6	6		470.33		78.39	.000		78.39		.01
PATHOLOGY	13	40		366.03		9.15	.001		28.16		.01
RADIOLOGY	8	24		2,384.01		99.33	.001		298.00		.07
	18	34		1,246.82		36.67	.001		69.27		.04
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	- -	5 , 916				27.04	.184		146.22		4.98
	1 , 094	•	ċ	159,961.34	Ċ	32.25		ċ		ċ	
@COUNTY HOSPITAL TOTAL	0	10	\$	322.47	\$.000	Ş	53.75	Þ	.01
CO HOSPITAL INPATIENT TOTAL	0	0				.00	.000				
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	6	10		322.47		32.25	.000		53.75		.01
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	6	10		322.47		32.25	.000		53.75		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURE	S I	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DE	2004	I	PAGE 14,299
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR ALL AGED)								
							M	ION'	THLY AVERA	GΕ	
32,113 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	'S	COST PER		COST PER
		OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,578	6 , 303	\$	912,527.47	\$	144.78	.196	\$	578.28	\$	28.42
COMM HOSP INPATIENT TOTAL	515	267		747,703.41		2800.39			1451.85		23.28
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	35	267		341,847.50					9767.07		
ACCOMMODATIONS	35	267		102,311.33		383.19	.008		2923.18		3.19
ADMINISTRATIVE DAYS	2	22		4,670.80		212.31	.001		2335.40		.15
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	34	245		97,640.53		398.53	.008		2871.78		3.04
ANCILLARIES	35	0		239,536.17		.00	.000		6843.89		7.46
INPATIENT CROSSOVERS	481	0		405,855.91		.00	.000		843.78		12.64
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,102	6 , 036		164,824.06		27.31	.188		149.57		5.13
MEDICAL	14	26		718.00		27.62	.001		51.29		.02
SURGERY	6	6		470.33		78.39	.000		78.39		.01
PATHOLOGY	13	40		366.03		9.15	.001		28.16		.01
RADIOLOGY	8	24		2,384.01		99.33	.001		298.00		.07
ROOM USE	18	34		1,246.82		36.67	.001		69.27		.04
CROSSOVERS/ALL OTH OUTPTNT	1,088	5,906		159,638.87		27.03	.184		146.73		4.97
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	6,232	180 , 070	\$	- , ,				\$	3107.75	\$	603.10
LEV A-INTERMEDIATE	506	12,640		927,415.29		73.37	.394		1832.84		28.88
LEV B-REHAB MD	27	868		101,710.41		117.18	.027		3767.05		3.17
LEV B-SUBACUTE FREESTANDING		361		130,726.87		362.12	.011		11884.26		4.07
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5 , 706	166,201		18,207,622.10		109.55	5.176		3190.96		566.99
@INTERMEDIATE CARE FACILDD	100	2,996	\$		\$	160.24	.093	\$	4800.73	\$	14.95
ICF DDH	73	2,192		318,990.61		145.52	.068		4369.73		9.93
ICF DD	0	. 0		.00		.00	.000		.00		.00
ICF DDN/DDCN	27	804		161,082.51		200.35	.025		5966.02		5.02
@HEMODIALYSIS TOTAL	138	186	\$		Ś	464.00		Ś	625.40	Ś	2.69
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	138	186		86,304.56		464.00	.006		625.40		2.69
@REHABILITATION FACILITY	1	6	\$	176.46	\$.000	Ś		Ś	.01
HOSPITAL BASED	1	6	т	176.46	Ψ	29.41	.000	т	176.46	Τ.	.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	317	687	\$		\$.021	Ś		Ś	.31
PATHOLOGY	57	174	Ÿ	2,441.64	Ÿ	14.03	.005	Y	42.84	Y	.08
XO AND OTHERS	260	513		7,621.96		14.03	.016		29.32		.24
@ORGANIZED OUTPATIENT CLINIC	4,541	7 , 399	\$	301,196.59			.230	ċ	66.33	ċ	9.38
	4,541		Ş		Ą		.230	Þ		Ş	
CLINIC	195	1 322		153.90		153.90			153.90 249.19		.00
SURGICENTER				48,591.65		150.91	.010				1.51
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4,376	7,076		252,451.04		35.68	.220		57.69	_	7.86
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	RES M	ONTH-OF-PAYMENT RI	EPORT	' FOR JAN	2004 THRU	DEC	2004	P	AGE 14,300
		- /									00/44/05
MOP024	FEE-FOR-SERVICE	,									03/14/05
MOP024 SHASTA COUNTY		E/DENTAL /ICES FOR ALL AGE	ED							~=	
SHASTA COUNTY	SUMMARY OF SERV	VICES FOR ALL AGE							HLY AVERA		
		VICES FOR ALL AGE UNITS OF SERVICE	₹	EXPENDITURES			UNITS/DAY	S	COST PER		COST PER
SHASTA COUNTY 32,113 ELIGIBLES	SUMMARY OF SERV	VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE	Ξ Ξ		PER	R UNIT/DAY	UNITS/DAY PER ELIG	S	COST PER USER		COST PER
SHASTA COUNTY 32,113 ELIGIBLES @ALL OTHER PROVIDERS	SUMMARY OF SERVUSERS	VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 244,527	₹	1,318,046.36		UNIT/DAY	UNITS/DAY PER ELIG 7.615	S	COST PER USER 187.38		COST PER ELIGIBLE 41.04
SHASTA COUNTY 32,113 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERV USERS 7,034 306	VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 244,527 1,098	Ξ Ξ	1,318,046.36 146,535.07	PER	0.39 5.39 133.46	UNITS/DAY PER ELIG 7.615 .034	S	COST PER USER 187.38 478.87		COST PER ELIGIBLE 41.04 4.56
SHASTA COUNTY 32,113 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERV USERS 7,034 306 0	VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 244,527 1,098 0	Ξ Ξ	1,318,046.36 146,535.07	PER	5.39 133.46 .00	UNITS/DAY PER ELIG 7.615 .034 .000	S	COST PER USER 187.38 478.87 .00		COST PER ELIGIBLE 41.04 4.56 .00
SHASTA COUNTY 32,113 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	USERS 7,034 306 0 350	VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 244,527 1,098 0 656	Ξ Ξ	1,318,046.36 146,535.07 .00 103,705.43	PER	S UNIT/DAY 5.39 133.46 .00 158.09	Y UNITS/DAY 7.615 .034 .000	S	COST PER USER 187.38 478.87 .00 296.30		COST PER ELIGIBLE 41.04 4.56 .00 3.23
SHASTA COUNTY 32,113 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	USERS 7,034 306 0 350 1,444	UNITS OF SERVICE OR DAYS OF CARD 244,527 1,098 0 656 46,007	Ξ Ξ	1,318,046.36 146,535.07 .00 103,705.43 187,309.85	PER	S UNIT/DAY 5.39 133.46 .00 158.09 4.07	PER ELIG 7.615 .034 .000 .020 1.433	S	COST PER USER 187.38 478.87 .00 296.30 129.72		COST PER ELIGIBLE 41.04 4.56 .00 3.23 5.83
SHASTA COUNTY 32,113 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	USERS 7,034 306 0 350 1,444 47	UNITS OF SERVICE OR DAYS OF CARD 244,527 1,098 0 656 46,007 60	Ξ Ξ	1,318,046.36 146,535.07 .00 103,705.43 187,309.85 1,618.67	PER	S UNIT/DAY 5.39 133.46 .00 158.09 4.07 26.98	PER ELIG 7.615 .034 .000 .020 1.433 .002	S	COST PER USER 187.38 478.87 .00 296.30 129.72 34.44		COST PER ELIGIBLE 41.04 4.56 .00 3.23 5.83 .05
SHASTA COUNTY 32,113 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	USERS 7,034 306 0 350 1,444 47 1,375	UNITS OF SERVICE OR DAYS OF CARD 244,527 1,098 0 656 46,007 60 45,179	Ξ Ξ	1,318,046.36 146,535.07 .00 103,705.43 187,309.85 1,618.67 182,122.57	PER	5.39 133.46 .00 158.09 4.07 26.98 4.03	PER ELIG 7.615 .034 .000 .020 1.433 .002 1.407	S \$	COST PER USER 187.38 478.87 .00 296.30 129.72 34.44 132.45		COST PER ELIGIBLE 41.04 4.56 .00 3.23 5.83 .05 5.67
SHASTA COUNTY 32,113 ELIGIBLES CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	USERS 7,034 306 0 350 1,444 47 1,375 179	VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 244,527 1,098 0 656 46,007 60 45,179 768	Ξ Ξ	1,318,046.36 146,535.07 .00 103,705.43 187,309.85 1,618.67 182,122.57 3,568.61	PER	5.39 133.46 .00 158.09 4.07 26.98 4.03 4.65	PER ELIG 7.615 .034 .000 .020 1.433 .002 1.407 .024	S \$	COST PER USER 187.38 478.87 .00 296.30 129.72 34.44 132.45 19.94		COST PER ELIGIBLE 41.04 4.56 .00 3.23 5.83 .05
SHASTA COUNTY 32,113 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	USERS 7,034 306 0 350 1,444 47 1,375 179 9	UNITS OF SERVICE OR DAYS OF CARD 244,527 1,098 0 656 46,007 60 45,179	Ξ Ξ	1,318,046.36 146,535.07 .00 103,705.43 187,309.85 1,618.67 182,122.57 3,568.61 475.78	PER	S UNIT/DAY 5.39 133.46 .00 158.09 4.07 26.98 4.03 4.65 16.99	PER ELIG 7.615 .034 .000 .020 1.433 .002 1.407	S \$	COST PER USER 187.38 478.87 .00 296.30 129.72 34.44 132.45		COST PER ELIGIBLE 41.04 4.56 .00 3.23 5.83 .05 5.67
SHASTA COUNTY 32,113 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	USERS 7,034 306 0 350 1,444 47 1,375 179	VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 244,527 1,098 0 656 46,007 60 45,179 768	Ξ Ξ	1,318,046.36 146,535.07 .00 103,705.43 187,309.85 1,618.67 182,122.57 3,568.61	PER	5.39 133.46 .00 158.09 4.07 26.98 4.03 4.65	PER ELIG 7.615 .034 .000 .020 1.433 .002 1.407 .024	S \$	COST PER USER 187.38 478.87 .00 296.30 129.72 34.44 132.45 19.94		COST PER ELIGIBLE 41.04 4.56 .00 3.23 5.83 .05 5.67 .11
SHASTA COUNTY 32,113 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	USERS 7,034 306 0 350 1,444 47 1,375 179 9	UNITS OF SERVICE OR DAYS OF CARE 244,527 1,098 0 656 46,007 60 45,179 768 28 4,041 0	Ξ Ξ	1,318,046.36 146,535.07 .00 103,705.43 187,309.85 1,618.67 182,122.57 3,568.61 475.78	PER	S UNIT/DAY 5.39 133.46 .00 158.09 4.07 26.98 4.03 4.65 16.99	PER ELIG 7.615 .034 .000 .020 1.433 .002 1.407 .024	S \$	COST PER USER 187.38 478.87 .00 296.30 129.72 34.44 132.45 19.94 52.86 837.12 .00		COST PER ELIGIBLE 41.04 4.56 .00 3.23 5.83 .05 5.67 .11
SHASTA COUNTY 32,113 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	USERS 7,034 306 0 350 1,444 47 1,375 179 9 336 0	UNITS OF SERVICE OR DAYS OF CARE 244,527 1,098 0 656 46,007 60 45,179 768 28 4,041	Ξ Ξ	1,318,046.36 146,535.07 .00 103,705.43 187,309.85 1,618.67 182,122.57 3,568.61 475.78 281,273.70	PER	S UNIT/DAY 5.39 133.46 .00 158.09 4.07 26.98 4.03 4.65 16.99 69.60	PER ELIG 7.615 .034 .000 .020 1.433 .002 1.407 .024 .001	S \$	COST PER USER 187.38 478.87 .00 296.30 129.72 34.44 132.45 19.94 52.86 837.12		COST PER ELIGIBLE 41.04 4.56 .00 3.23 5.83 .05 5.67 .11 .01 8.76
SHASTA COUNTY 32,113 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	USERS 7,034 306 0 350 1,444 47 1,375 179 9 336 0	UNITS OF SERVICE OR DAYS OF CARE 244,527 1,098 0 656 46,007 60 45,179 768 28 4,041 0 7,810 0	Ξ Ξ	1,318,046.36 146,535.07 .00 103,705.43 187,309.85 1,618.67 182,122.57 3,568.61 475.78 281,273.70 .00	PER	S UNIT/DAY 5.39 133.46 .00 158.09 4.07 26.98 4.03 4.65 16.99 69.60 .00	PER ELIG 7.615 .034 .000 .020 1.433 .002 1.407 .024 .001 .126 .000 .243	S \$	COST PER USER 187.38 478.87 .00 296.30 129.72 34.44 132.45 19.94 52.86 837.12 .00		COST PER ELIGIBLE 41.04 4.56 .00 3.23 5.83 .05 5.67 .11 .01 8.76
SHASTA COUNTY 32,113 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	USERS 7,034 306 0 350 1,444 47 1,375 179 9 336 0 1,094	UNITS OF SERVICE OR DAYS OF CARE 244,527 1,098 0 656 46,007 60 45,179 768 28 4,041 0 7,810 0	Ξ Ξ	1,318,046.36 146,535.07 .00 103,705.43 187,309.85 1,618.67 182,122.57 3,568.61 475.78 281,273.70 .00 364,471.45	PER	133.46 .00 158.09 4.07 26.98 4.03 4.65 16.99 69.60 .00 46.67	PER ELIG 7.615 .034 .000 .020 1.433 .002 1.407 .024 .001 .126 .000 .243	S \$	COST PER USER 187.38 478.87 .00 296.30 129.72 34.44 132.45 19.94 52.86 837.12 .00 333.15 .00		COST PER ELIGIBLE 41.04 4.56 .00 3.23 5.83 .05 5.67 .11 .01 8.76 .00 11.35
32,113 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	USERS 7,034 306 0 350 1,444 47 1,375 179 9 336 0 1,094	UNITS OF SERVICE OR DAYS OF CARE 244,527 1,098 0 656 46,007 60 45,179 768 28 4,041 0 7,810	Ξ Ξ	1,318,046.36 146,535.07 .00 103,705.43 187,309.85 1,618.67 182,122.57 3,568.61 475.78 281,273.70 .00 364,471.45	PER	S UNIT/DAY 5.39 133.46 .00 158.09 4.07 26.98 4.03 4.65 16.99 69.60 .00 46.67	PER ELIG 7.615 .034 .000 .020 1.433 .002 1.407 .024 .001 .126 .000	S \$	COST PER USER 187.38 478.87 .00 296.30 129.72 34.44 132.45 19.94 52.86 837.12 .00 333.15		COST PER ELIGIBLE 41.04 4.56 .00 3.23 5.83 .05 5.67 .11 .01 8.76 .00 11.35 .00
32,113 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	USERS 7,034 306 0 350 1,444 47 1,375 179 9 336 0 1,094 0 754	UNITS OF SERVICE OR DAYS OF CARE 244,527 1,098 0 656 46,007 60 45,179 768 28 4,041 0 7,810 0 1,815	Ξ Ξ	1,318,046.36 146,535.07 .00 103,705.43 187,309.85 1,618.67 182,122.57 3,568.61 475.78 281,273.70 .00 364,471.45 .00 21,565.25	PER	133.46 .00 158.09 4.07 26.98 4.03 4.65 16.99 69.60 .00 46.67 .00 11.88	PER ELIG 7.615 .034 .000 .020 1.433 .002 1.407 .024 .001 .126 .000 .243 .000	S \$	COST PER USER 187.38 478.87 .00 296.30 129.72 34.44 132.45 19.94 52.86 837.12 .00 333.15 .00 28.60		COST PER ELIGIBLE 41.04 4.56 .00 3.23 5.83 .05 5.67 .11 .01 8.76 .00 11.35 .00 .67
32,113 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	USERS 7,034 306 0 350 1,444 47 1,375 179 9 336 0 1,094 0 754	UNITS OF SERVICE OR DAYS OF CARE 244,527 1,098 0 656 46,007 60 45,179 768 28 4,041 0 7,810 0 1,815 5	Ξ Ξ	1,318,046.36 146,535.07 .00 103,705.43 187,309.85 1,618.67 182,122.57 3,568.61 475.78 281,273.70 .00 364,471.45 .00 21,565.25 54.43	PER	133.46 .00 158.09 4.07 26.98 4.03 4.65 16.99 69.60 .00 46.67 .00 11.88 10.89	PER ELIG 7.615 .034 .000 .020 1.433 .002 1.407 .024 .001 .126 .000 .243 .000	S \$	COST PER USER 187.38 478.87 .00 296.30 129.72 34.44 132.45 19.94 52.86 837.12 .00 333.15 .00 28.60 13.61		COST PER ELIGIBLE 41.04 4.56 .00 3.23 5.83 .05 5.67 .11 .01 8.76 .00 11.35 .00 .67 .00
32,113 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	USERS 7,034 306 0 350 1,444 47 1,375 179 9 336 0 1,094 0 754 4 32	UNITS OF SERVICE OR DAYS OF CARE 244,527 1,098 0 656 46,007 60 45,179 768 28 4,041 0 7,810 0 1,815 5 77	Ξ Ξ	1,318,046.36 146,535.07 .00 103,705.43 187,309.85 1,618.67 182,122.57 3,568.61 475.78 281,273.70 .00 364,471.45 .00 21,565.25 54.43 85.48	PER	133.46 .00 158.09 4.07 26.98 4.03 4.65 16.99 69.60 .00 46.67 .00 11.88 10.89	PER ELIG 7.615 .034 .000 .020 1.433 .002 1.407 .024 .001 .126 .000 .243 .000 .057 .000	S \$	COST PER USER 187.38 478.87 .00 296.30 129.72 34.44 132.45 19.94 52.86 837.12 .00 333.15 .00 28.60 13.61 2.67 56.33		COST PER ELIGIBLE 41.04 4.56 .00 3.23 5.83 .05 5.67 .11 .01 8.76 .00 11.35 .00 .67 .00 .00
32,113 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	USERS 7,034 306 0 350 1,444 47 1,375 179 9 336 0 1,094 0 754 4 32 44	UNITS OF SERVICE OR DAYS OF CARE 244,527 1,098 0 656 46,007 60 45,179 768 28 4,041 0 7,810 0 1,815 5 77 101	Ξ Ξ	1,318,046.36 146,535.07 .00 103,705.43 187,309.85 1,618.67 182,122.57 3,568.61 475.78 281,273.70 .00 364,471.45 .00 21,565.25 54.43 85.48 2,478.65	PER	133.46 .00 158.09 4.07 26.98 4.03 4.65 16.99 69.60 .00 46.67 .00 11.88 10.89 1.11 24.54	PER ELIG 7.615 .034 .000 .020 1.433 .002 1.407 .024 .001 .126 .000 .243 .000 .057 .000 .002 .003	S \$	COST PER USER 187.38 478.87 .00 296.30 129.72 34.44 132.45 19.94 52.86 837.12 .00 333.15 .00 28.60 13.61 2.67 56.33 56.33		COST PER ELIGIBLE 41.04 4.56 .00 3.23 5.83 .05 5.67 .11 .01 8.76 .00 11.35 .00 .67 .00 .00 .08
32,113 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	USERS 7,034 306 0 350 1,444 47 1,375 179 9 336 0 1,094 0 754 4 32 44 44	UNITS OF SERVICE OR DAYS OF CARE 244,527 1,098 0 656 46,007 60 45,179 768 28 4,041 0 7,810 0 1,815 5 77 101 101	Ξ Ξ	1,318,046.36 146,535.07 .00 103,705.43 187,309.85 1,618.67 182,122.57 3,568.61 475.78 281,273.70 .00 364,471.45 .00 21,565.25 54.43 85.48 2,478.65 2,478.65 .00	PER	133.46 .00 158.09 4.07 26.98 4.03 4.65 16.99 69.60 .00 46.67 .00 11.88 10.89 1.11 24.54 24.54	PER ELIG 7.615 .034 .000 .020 1.433 .002 1.407 .024 .001 .126 .000 .243 .000 .057 .000 .002 .003 .003	S \$	COST PER USER 187.38 478.87 .00 296.30 129.72 34.44 132.45 19.94 52.86 837.12 .00 333.15 .00 28.60 13.61 2.67 56.33 56.33		COST PER ELIGIBLE 41.04 4.56 .00 3.23 5.83 .05 5.67 .11 .01 8.76 .00 11.35 .00 .67 .00 .00 .08 .08 .08 .00
32,113 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	USERS 7,034 306 0 350 1,444 47 1,375 179 9 336 0 1,094 0 754 4 32 44 44 0 1	UNITS OF SERVICE OR DAYS OF CARE 244,527 1,098 0 656 46,007 60 45,179 768 28 4,041 0 7,810 0 1,815 5 77 101 101 0 1	Ξ Ξ	1,318,046.36 146,535.07 .00 103,705.43 187,309.85 1,618.67 182,122.57 3,568.61 475.78 281,273.70 .00 364,471.45 .00 21,565.25 54.43 85.48 2,478.65 2,478.65 .00 38.49	PER	SUNIT/DAY 5.39 133.46 .00 158.09 4.07 26.98 4.03 4.65 16.99 69.60 .00 46.67 .00 11.88 10.89 1.11 24.54 24.54 .00 38.49	PER ELIG 7.615 .034 .000 .020 1.433 .002 1.407 .024 .001 .126 .000 .243 .000 .057 .000 .002 .003 .003	S \$	COST PER USER 187.38 478.87 .00 296.30 129.72 34.44 132.45 19.94 52.86 837.12 .00 333.15 .00 28.60 13.61 2.67 56.33 56.33 .00 38.49		COST PER ELIGIBLE 41.04 4.56 .00 3.23 5.83 .05 5.67 .11 .01 8.76 .00 11.35 .00 .67 .00 .00 .08 .08 .08 .00 .00 .00
32,113 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	USERS 7,034 306 0 350 1,444 47 1,375 179 9 336 0 1,094 0 754 4 32 44 44 0 11	UNITS OF SERVICE OR DAYS OF CARE 244,527 1,098 0 656 46,007 60 45,179 768 28 4,041 0 7,810 0 1,815 5 77 101 101 0 1 295	Ξ Ξ	1,318,046.36 146,535.07 .00 103,705.43 187,309.85 1,618.67 182,122.57 3,568.61 475.78 281,273.70 .00 364,471.45 .00 21,565.25 54.43 85.48 2,478.65 2,478.65 .00 38.49 23,242.74	PER	UNIT/DAY 5.39 133.46 .00 158.09 4.07 26.98 4.03 4.65 16.99 69.60 .00 46.67 .00 11.88 10.89 1.11 24.54 24.54 .00 38.49 78.79	PER ELIG 7.615 .034 .000 .020 1.433 .002 1.407 .024 .001 .126 .000 .243 .000 .057 .000 .002 .003 .003 .003	S \$	COST PER USER 187.38 478.87 .00 296.30 129.72 34.44 132.45 19.94 52.86 837.12 .00 333.15 .00 28.60 13.61 2.67 56.33 56.33 .00 38.49 161.41		COST PER ELIGIBLE 41.04 4.56 .00 3.23 5.83 .05 5.67 .11 .01 8.76 .00 11.35 .00 .67 .00 .00 .08 .08 .08 .00 .00 .72
32,113 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	USERS 7,034 306 0 350 1,444 47 1,375 179 9 336 0 1,094 0 754 4 32 44 44 0 1	UNITS OF SERVICE OR DAYS OF CARE 244,527 1,098 0 656 46,007 60 45,179 768 28 4,041 0 7,810 0 1,815 5 77 101 101 0 1	Ξ Ξ	1,318,046.36 146,535.07 .00 103,705.43 187,309.85 1,618.67 182,122.57 3,568.61 475.78 281,273.70 .00 364,471.45 .00 21,565.25 54.43 85.48 2,478.65 2,478.65 .00 38.49	PER	SUNIT/DAY 5.39 133.46 .00 158.09 4.07 26.98 4.03 4.65 16.99 69.60 .00 46.67 .00 11.88 10.89 1.11 24.54 24.54 .00 38.49	PER ELIG 7.615 .034 .000 .020 1.433 .002 1.407 .024 .001 .126 .000 .243 .000 .057 .000 .002 .003 .003	S \$	COST PER USER 187.38 478.87 .00 296.30 129.72 34.44 132.45 19.94 52.86 837.12 .00 333.15 .00 28.60 13.61 2.67 56.33 56.33 .00 38.49		COST PER ELIGIBLE 41.04 4.56 .00 3.23 5.83 .05 5.67 .11 .01 8.76 .00 11.35 .00 .67 .00 .00 .08 .08 .08 .00 .00 .00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3,614	182,332	154,694.53	.85	5.678	42.80	4.82
@CALIF. CHILDREN SERVICES*	1	3	\$ 141.69	\$ 47.23	.000	\$ 141.69	\$.00
@XOVER EXCLUDING STATE HOSP**	10,062	87 , 906	\$ 1,743,500.57	\$ 19.83	2.737	\$ 173.28	\$ 54.29

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,301
MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR ALL BLIND

511115111 6001111	BOTHWIN OF BEIN	VICEO FOR THE BEIND			MON		GE
1,831 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	MITERACE COCH			COST PER
1,031 EDIGIBLES	ODEIGO	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY		USER	
@TOTAL, ALL PROVIDERS	1,573	64,238 \$	1,684,824.49	\$ 26.23			\$ 920.17
@PHYSICIANS SERVICES	414	1,962 \$	58,532.21	\$ 29.83	1.072 \$	141.38	\$ 31.97
OUTPATIENT VISITS	160	233	11,789.10	50.60	.127	73.68	6.44
OFFICE VISITS	91	105	3,418.08	32.55	.057	37.56	1.87
	0	0	•				
HOME VISITS	75	-	.00	.00	.000	.00	.00
EMERGENCY ROOM	75	121	8,205.61	67.81	.066	109.41	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	•	ũ .	.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	7	165.41	23.63	.004	27.57	.09
INPATIENT VISITS	36	141	6,093.08	43.21	.077	169.25	
HOSPITAL VISITS	35	135	5,488.88	40.66		156.83	
CRITICAL CARE	3	6	604.20	100.70	.003	201.40	.33
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	14	16	561.77	35.11	.009	40.13	.31
EXAMINATIONS	14	16	561.77	35.11	.009	40.13	.31
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	16	196	7,188.84	36.68	.107	449.30	3.93
PRINCIPAL SURGEON	10	19	5,163.03	271.74	.010	516.30	2.82
ASSISTANT SURGEON	3	3	496.84	165.61	.002	165.61	.27
ANESTHESIOLOGIST	5	174	1,528.97	8.79	.095	305.79	.84
OUTPATIENT SURGERY	31	222	8,224.66	37.05	.121	265.31	4.49
PRINCIPAL SURGEON	28	30	7,108.35	236.95	.016	253.87	3.88
ASSISTANT SURGEON	1	1	408.79	408.79	.001	408.79	.22
ANESTHESIOLOGIST	5	191	707.52	3.70		141.50	.39
DIALYSIS	1	2	128.76	64.38	.001	128.76	.07
PATHOLOGY	14	26	240.52	9.25	.014	17.18	.13
RADIOLOGY	104	191	10,244.63	53.64	.104	98.51	5.60
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	6	21.05	3.51	.003	7.02	.01
OTHER SERVICES/ALL X-OVERS	223	929	14,039.80	15.11	.507	62.96	7.67
@PHARMACY	1,250	26 , 277 \$	505,700.39	\$ 19.24	14.351 \$	404.56	\$ 276.19
PRESCRIPTION DRUGS	1,215	5,918	479,916.65	81.09	3.232	394.99	262.11
SNF/ICF	98	754	57,402.55	76.13	.412	585.74	31.35
OUTPATIENTS	1,127	5,164	422,514.10	81.82	2.820	374.90	230.76
MEDICAL SUPPLIES	183	20,359	25,783.74	1.27	11.119	140.89	14.08
@DENTIST	64	260 \$	11,587.00	\$ 44.57	.142 \$	181.05	\$ 6.33
VISITS - DIAGNOSTIC	44	176	1,890.00	10.74	.096	42.95	1.03
ORAL SURGERY	7	14	1,193.00	85.21	.008	170.43	.65
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	8	8	733.00	91.63	.004	91.63	.40
ENDODONTICS	2	2	660.00	330.00	.001	330.00	.36
RESTORATIVE DENTISTRY	19	36	4,656.00	129.33	.020	245.05	2.54
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	9	21	2,425.00	115.48	.011	269.44	1.32
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 14,302
MOP024	FEE-FOR-SERVICE/DE	ENTAL					03/14/05
SHASTA COUNTY	SUMMARY OF SERVICE	ES FOR ALL BLIND					
					MON	THLY AVERAG	E
1,831 ELIGIBLES	USERS UN	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	(OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	59	121 \$	10,283.18	\$ 84.98	.066 \$	174.29	\$ 5.62
DIAGNOSTIC AND ANC. PROCED	14	16	769.57	48.10	.009	54.97	.42
EYE APPLIANCES	48	100	9,259.92	92.60	.055	192.92	5.06

1,831 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ERAGE COST		S			COST PER
		OR DAYS OF CAR			R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	59	121	\$.,	\$.066	\$		\$	5.62
DIAGNOSTIC AND ANC. PROCED	14	16		769.57	48.10	.009		54.97		.42
EYE APPLIANCES	48	100		9,259.92	92.60	.055		192.92		5.06
OTHER OPTOMETRIC SERVICES	4	5		253.69	50.74	.003		63.42		.14
@CHIROPRACTOR	2	3	\$	50.16	\$ 16.72	.002	\$	25.08	\$.03
VISITS	2	3		50.16	16.72	.002		25.08		.03
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	13	17	\$	306.07	\$ 18.00	.009	\$	23.54	\$.17
MEDICINE/INJECTIONS	12	15		303.65	20.24	.008		25.30		.17
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	1	2		2.42	1.21	.001		2.42		.00
@HOME HEALTH AGENCY	40	5,962	\$	182,478.05	\$	3.256	\$	4561.95	\$	99.66
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000			\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	3	3	\$	118.70	\$.002		39.57		.06
@TOTAL HOSPITAL	168	1,228	\$	267,893.85	\$			1594.61		146.31
HOSP INPATIENT TOTAL	40	117		244,945.07	2093.55	.064		6123.63		133.78
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	27	117		233,179.87	1992.99	.064		8636.29		127.35
ACCOMMODATIONS	27	117		50,152.00	428.65	.064		1857.48		27.39
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	27	117		50,152.00	428.65	.064		1857.48		27.39
ANCILLARIES	27	0		183,027.87	.00	.000		6778.81		99.96
INPATIENT CROSSOVERS	13	0		11,765.20	.00	.000		905.02		6.43
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	138	1,111		22,948.78	20.66	.607		166.30		12.53
MEDICAL	35	45		1,004.64	22.33	.025		28.70		.55
SURGERY	18	19		802.98	42.26	.010		44.61		. 44
PATHOLOGY	40	231		2,877.97	12.46	.126		71.95		1.57
RADIOLOGY	33	39		2,298.41	58.93	.021		69.65		1.26
ROOM USE	78	137		5,605.02	40.91	.075		71.86		3.06
CROSSOVERS/ALL OTH OUTPTNT	95	640				.350		109.05		5.66
@COUNTY HOSPITAL TOTAL	2	2	\$		\$ 50.84	.001	\$	50.84	\$.06
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00	.00	.000		.00	•	.00
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00		.00
	3	ŭ		• • •						

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	0.0	0.0	.000	.00	.00
ALL OTHER ACCOM	0	0	0.0	.00	.000	.00	.00
ANCILLARIES	0	Ô	0.0	.00	.000		.00
TNDATTENT CROSSOVERS	0	0 0	.00 .00 .00 .00 .00	.00	.000	.00	.00
ALL ORDED INDARTENT	0	0	.00	.00	0.00	0.0	.00
CO HOSD OURDARTENT TOTAL	0	2	101 67	50.84	.000	50.84	.06
CO HOSP OUTPATIENT TOTAL	∠ 1	1	66.32	66.32	.001	66.32	.04
MEDICAL	1	1	.00		.000	.00	.00
DARGERI	0	0	.00		.000	.00	.00
PATHOLOGY	0	0		.00			
RADIOLOGY	0	0	.00	.00 35.35	.000 .001	.00	.00
ROOM USE	1	1	35.35				.02
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00		.00	.00
"CHELL BELL OF HEHELIN BERV	THEFT CAM DELIVED	, LO TIND LITTUDITORED	MONTH-OF-PAYMENT F	REPORT FOR JAN 2	2004 THRU DI	EC 2004	,
MOP024	FEE-FOR-SERVICE						03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR ALL BLIND					
							GE
1,831 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	
@COMMUNITY HOSPITAL TOTAL	166	1,226 \$					\$ 146.25
COMM HOSP INPATIENT TOTAL	40	117	244,945.07	2093.55	.064	6123.63	133.78
HSC HOSPITALS	0	0	.00 233,179.87 50,152.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	27	117	233,179.87	1992.99	.064	8636.29	127.35
ACCOMMODATIONS	27	117	50,152.00	428.65	.064	1857.48	27.39
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	27	117	50,152.00	428.65	.064	1857.48	27.39
ANCILLARIES	27	0	183,027.87 11,765.20	.00	.000	6778.81	99.96
COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	13	0 117 117 0 0 117 0 0 0 1,109	183,027.87 11,765.20	.00	.000	905.02	6.43
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	136	1,109	22,847.11	.00 20.60	.606	.00 167.99	12.48
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	34	44	938.32	21.33	.024	27.60	.51
SURGERY	18	19		42.26	.010	44.61	. 44
PATHOLOGY	40	231	2,877.97	42.26 12.46	.126	71.95	1.57
RADIOLOGY	33		2,298.41	58.93	.021	69.65	1.26
ROOM USE	77	39 136	5,569.67		.074	72.33	3.04
CROSSOVERS/ALL OTH OUTPTNT	95	640	10,359.76		.350	109.05	5.66
@STATE HOSPITAL	0	0 \$		\$.00	.000		
MENTALLY ILL	0	640 0 \$ 0	.00	.00	.000	.00	.00
DEVELOP, DISABLED	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	50	1.136 \$		\$ 131.05		2977.53	
LEV A-INTERMEDIATE	8	183 0 0 0 0	16,385.82	89.54	.100	2048.23	8.95
LEV B-REHAB MD	0	0	.00		.000		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	Ô	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	42	953	132,490.60	139.02	.520	3154.54	72.36
@INTERMEDIATE CARE FACILDD	54	1,680 \$	318,624.98	\$ 189.66	.918		
ICF DDH	28	821	141,389.93	172.22	.448	5049.64	77.22
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	26	859	177,235.05	206.33	.469	6816.73	96.80
	26 6	7 \$	3,493.28				
@HEMODIALYSIS TOTAL	0	7 Ş 0	•		.004		
HOSPITAL BASED	6	7	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	•		3,493.28	499.04	.004	582.21	1.91
@REHABILITATION FACILITY	18	303 \$	2,720.42	\$ 8.98	.165		
HOSPITAL BASED	U	U	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	18	303		2,720.42		8.98	.165		151.13		1.49
@LABORATORY FACILITY	117	467	\$	5,861.15	\$	12.55	.255	\$	50.10	\$	3.20
PATHOLOGY	110	454		5,802.13		12.78	.248		52.75		3.17
XO AND OTHERS	7	13		59.02		4.54	.007		8.43		.03
@ORGANIZED OUTPATIENT CLINIC	432	708	\$	62,027.13	\$	87.61	.387	\$	143.58	\$	33.88
CLINIC	4	7		270.56		38.65	.004		67.64		.15
SURGICENTER	8	31		2,273.23		73.33	.017		284.15		1.24
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	424	670		59,483.34		88.78	.366		140.29		32.49
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S M	IONTH-OF-PAYMENT R	EPOR'	r for jan 2	2004 THRU	DEC	2004	P.	AGE 14,304
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR ALL BLIN	D								
							M	TNOI	HLY AVERA	GE ·	
1,831 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV.	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY	PER ELIG	,	USER]	ELIGIBLE
@ALL OTHER PROVIDERS	436	24,104	\$	106,271.50	\$	4.41	13.164	\$	243.74	\$	58.04
DURABLE MED. EQUIP.	48	136		32,284.69		237.39			672.60		17.63
BLOOD BANK	0	0		.00		.00			.00		.00
HEARING AID DISPENSERS	20	35		4,595.56		131.30	.019		229.78		2.51
MEDICAL TRANSPORTATION	66	1,234		17,835.12		14.45	.674		270.23		9.74
AMBULANCES/AIR TRANS	33	496		7,480.38			.271		226.68		4.09
OTHER TRANS	34	731		4,281.66		5.86	.399		125.93		2.34
OTHER SERVICES	7	7		6,073.08		867.58	.004		867.58		3.32
ACUPUNCTURE	3	4		64.88		16.22	.002		21.63		.04
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	53	663		20,488.93		30.90	.362		386.58		11.19
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	34	86		7,528.29		87.54	.047		221.42		4.11
PHYSICAL THERAPIST	2	45		537.98		11.96	.025		268.99		.29
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	7	12		3,000.13		250.01	.007		428.59		1.64

PROSTHETICS	7	12	3,000.13	250.01	.007	428.59	1.64
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	8	474.92	59.37	.004	237.46	.26
SPEECH AND AUDIOLOGY	4	11	398.20	36.20	.006	99.55	.22
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10	885	4,736.85	5.35	.483	473.69	2.59
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	235	20,985	14,325.95	.68	11.461	60.96	7.82
@CALIF. CHILDREN SERVICES*	45	629	\$ 25,712.69	\$ 40.88	.344	\$ 571.39	\$ 14.04
@XOVER EXCLUDING STATE HOSP**	326	1,781	\$ 59,716.19	\$ 33.53	.973	\$ 183.18	\$ 32.61

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,305 FEE-FOR-SERVICE/DENTAL

03/14/05

----- MONTHLY AVERAGE -----

SHASTA COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

115,281 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER		COST PER
@TOTAL, ALL PROVIDERS	103,995	OR DAYS OF CARE 2,172,238	ċ	88,466,758.11	\$ 40.73	18.843			LIGIBLE 767.40
@PHYSICIANS SERVICES		• •	\$ \$	4,602,998.48		1.075			39.93
OUTPATIENT VISITS	11,007	15,342	Ų	720,297.32		.133	65.44	۲	6.25
OFFICE VISITS	6,195	8,109			32.44	.070	42.46		2.28
HOME VISITS	0 , 193	12		438.40	36.53		109.60		.00
EMERGENCY ROOM	5,140	6,761		441,771.71	65.34	.059	85.95		
PREVENTIVE CARE	J, 140	1		56.92	56.92	.000	56.92		.00
OB VISITS/COMPRE PERI	34	118		4,301.80	36.46	.001	126.52		.04
OTHER OUTPATIENT	311	341		10,682.49	31.33	.003	34.35		.09
INPATIENT VISITS	2,042	9,138		462,791.00	50.64	.079	226.64		4.01
HOSPITAL VISITS	1,689	7,686		330,138.49	42.95	.067	195.46		2.86
CRITICAL CARE	271	1,007		123,688.28	122.83	.009	456.41		1.07
SNF/ICF/TRANS IP CARE	311	445		8,964.23	20.14	.004	28.82		.08
OPHTHALMOLOGICAL SERVICES	477	545		23,295.51	42.74	.005	48.84		.20
EXAMINATIONS	475	543		23,240.22	42.80	.005	48.93		.20
SERVICES AND MATERIALS	2	2		55.29	27.65	.000	27.65		.00
INPATIENT HOSPITAL SURGERY	944	16,485		477,129.23	28.94	.143	505.43		4.14
PRINCIPAL SURGEON	681	1,084		370,817.94	342.08	.009	544.52		3.22
ASSISTANT SURGEON	133	134		24,937.88	186.10	.001	187.50		.22
ANESTHESIOLOGIST	311	15,267		81,373.41	5.33	.132	261.65		.71
OUTPATIENT SURGERY	2,284	20,488		531,750.87	25.95	.178	232.82		4.61
PRINCIPAL SURGEON	2,027	2,770		470,507.25	169.86	.024	232.12		4.08
ASSISTANT SURGEON	43	43		5,532.31	128.66	.000	128.66		.05
ANESTHESIOLOGIST	368	17,675		55,711.31	3.15	.153	151.39		.48
DIALYSIS	124	375		31,806.83	84.82	.003	256.51		.28
PATHOLOGY	1,026	2,034		18,949.63	9.32	.018	18.47		.16
RADIOLOGY	8,112	16,842		1,147,036.44	68.11	.146	141.40		9.95
PSYCHIATRY	5	5		290.81	58.16	.000	58.16		.00
IMMUNIZATION AND INJECTION	848	4,495		442,057.05	98.34	.039	521.29		3.83
OTHER SERVICES/ALL X-OVERS	12 , 795	38 , 227		747 , 593.79	19.56	.332	58.43		6.48
@PHARMACY	83 , 267	947,305	\$	43,449,126.22	\$ 45.87	8.217	521.80	\$	376.90
PRESCRIPTION DRUGS	82 , 309	423,609		42,388,206.83	100.06	3.675	514.99		367.69
SNF/ICF	2,816	21,188		1,841,481.51	86.91	.184	653.94		15.97
OUTPATIENTS	79,712	402,421		40,546,725.32	100.76	3.491	508.67		351.72

MEDICAL SUPPLIES	7,748	523,696	1,060,919.39		2.03	4.543		136.93		9.20
MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY	5,298	24,843 \$	986,619.53	Ś	39.71			186.22	Ś	
VISITS - DIAGNOSTIC	3,477	15,419	180,107.60	т.	11.68	.134		51.80		1.56
ORAL SURGERY	901	2,648	180,107.60 144,408.45		54.53	.023		160.28		1.25
DRUGS	72	150	2,115.00		14.10			29.38		
ANESTHESIA	139	141	12,700.00		90.07	.001		91.37		.11
PERIODONTICS	310	329				.003		106 97		20
ENDODONTICS	332	525	116,392.75		100.79 221.70	.005		350.58		1.01
RESTORATIVE DENTISTRY	1,347	329 525 3,374	243,399.00		72.14	.029		180.70		2.11
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	43	1,900	1,708.50 241,313.21 222.00 3,010.18		38.83			39.73		.01
DENTURES, STAYPLATES	711	1,900	241,313.21		127.01	.016		339.40		
SPACE MAINTAINERS	2	2 12 5 53 241	222.00		127.01 111.00	.000		339.40 111.00		.00
MAXILLOFACIAL SERVICES	7	12	3,010.18		250.85	.000		430.03		.03
FRACTURES, DISLOCATIONS	4	5	3,187.84		637.57	. 000		796.96		
ORTHODONTIC SERVICES	38	53	4,745.00		89.53	.000		124.87		.04
ALL OTHER SERVICES	132	241	150.00		.62	.002		1.14		.00
		CES AND EXPENDITURES MON		POR	r for jan 2	2004 THRU I	DEC			AGE 14,306
MOP024	FEE-FOR-SERVICE									03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR ALL DISABLED								
						MC	NTE	HLY AVERA	ΔGE	
115,281 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3,200	9,218 \$	198,436.95	\$	21.53	.080	\$	62.01	\$	1.72
DIAGNOSTIC AND ANC. PROCED	1,476	1,550	64,873.28		41.85 17.23	.013 .061		43.95		.56
EYE APPLIANCES	2,440	7,075 593	64,873.28 121,871.23 11,692.44		17.23	.061		49.95		1.06
OTHER OPTOMETRIC SERVICES	360	593	11,692.44		19.72	.005		32.48		.10
@CHIROPRACTOR	1,430	2 , 255 \$	36,989,63	Ś	16.40	.020	\$		\$.32
VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	1,305	2,077	34,606.42 2,383.21		16.66	.018		26.52		.30
OTHER SERVICES	126	178	2,383.21		13.39	002		18.91		.02
@PODIATRIST	163	209 \$	4,571.72	\$	21.87	.002	\$	28.05	\$.04
MEDICINE/INJECTIONS	90	102	2 , 680.99		26.28	.001		29.79		.02
SURGERY/ANES.	2	3	743.59		247.86	.000		371.80		.01
RADIO./PATHOLOGY	1	1	17.30		17.30	.000		17.30		.00
OTHER	72	103	17.30 1,129.84		17.30 10.97	.001		15.69		.01
@HOME HEALTH AGENCY	757	33 , 285 \$	1,086,321.88	\$	32.64	.289		1435.04		
NURSE ANESTHESIST	24	4// 2	2,432.12	\$	5.10	.004		101.34		.02
NURSE MIDWIFE	0	0 \$.00		.00 12.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0	2CR \$	24.00CR	\$	12.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	197		6,792.61	\$	24.17	.002		34.48		.06
@TOTAL HOSPITAL	13,092	82 , 936 \$	16,705,986.97	\$	201.43	.719	\$	1276.05		144.92
	1 005		1 4 400 100 01		1000	0.60		TO 0 6 6 4		105 00

1,995

1,245

1,236

1,227

1,245

11,657

3,947

1,256

3,895

3,056

6,599

606

0

159

10

0

HOSP INPATIENT TOTAL

ACCOMMODATIONS

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

NON-HSC HOSPITAL TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

HSC HOSPITALS

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

7,977

1,085

6,892

6,892

6,818

74,959

6,970

1,456

5,043

9,602

20,998

74

0

0

0

0

.069

.009

.060

.060

.001

.000

.059

.000

.000

.000

.650

.060

.013

.182

.044

.083

7236.64

9863.42

2446.26

1572.64

2451.39

7434.84

911.42

194.64

73.50

43.65

60.38

55.24

122.45

.00

.00

10093.28

125.23

13.92

26.23

26.09

80.29

4.79

19.68

2.52

2.04

3.25

3.16

.48

.00

.14

.00

106.52

1809.84

1479.11

1781.77

438.71

212.52

441.16

.00

.00

.00

.00

30.27

41.62

37.65

11.20

74.21

37.96

14,437,106.61

1,604,830.86

3,023,580.06

3,007,853.65

9,256,375.23

2,268,880.36

552,320.46

290,101.28

235,186.30

374,221.49

364,539.26

54,819.90

15,726.41

.00

.00

12,279,955.29

CROSSOVERS/ALL OTH OUTPINT	6,936	30,890		950,012.13		30.75	.268	136.97		8.24
@COUNTY HOSPITAL TOTAL	104	552	\$	123,160.75	\$	223.12	.005	\$ 1184.24	\$	1.07
CO HOSPITAL INPATIENT TOTAL	11	186		111,137.43		597.51	.002	10103.40		.96
HSC HOSPITALS	4	17		22,792.00		1340.71	.000	5698.00		.20
NON-HSC HOSPITALS TOTAL	6	169		88,333.37		522.68	.001	14722.23		.77
ACCOMMODATIONS	6	169		40,729.50		241.00	.001	6788.25		.35
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	6	169		40,729.50		241.00	.001	6788.25		.35
ANCILLARIES	6	0		47,603.87		.00	.000	7933.98		.41
INPATIENT CROSSOVERS	1	0		12.06		.00	.000	12.06		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	95	366		12,023.32		32.85	.003	126.56		.10
MEDICAL	50	80		4,188.73		52.36	.001	83.77		.04
SURGERY	4	6		481.79		80.30	.000	120.45		.00
PATHOLOGY	34	142		1,684.90		11.87	.001	49.56		.01
RADIOLOGY	19	31		2,205.32		71.14	.000	116.07		.02
ROOM USE	45	60		2,322.50		38.71	.001	51.61		.02
CROSSOVERS/ALL OTH OUTPTNT	23	47		1,140.08		24.26	.000	49.57		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES M	IONTH-OF-PAYMENT R	EPOR	T FOR JAN :	2004 THRU	DEC 2004	PP	AGE 14,307
MOP024	FEE-FOR-SERVICE,	/DENTAL								03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR ALL DIS	ABLE	D						
							M	ONTHLY AVERA	GE -	
115,281 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST	UNITS/DAY			COST PER
		OR DAYS OF CARE			PΕ	R UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13,000	82 , 384	\$	16,582,826.22	\$	201.29	.715	\$ 1275.60	\$	143.85

					MC	MIHLI AVERA	GE
115,281 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13,000	82 , 384 \$	16,582,826.22	\$ 201.29	.715	\$ 1275.60	\$ 143.85
COMM HOSP INPATIENT TOTAL	1,984	7 , 791	14,325,969.18	1838.78	.068	7220.75	124.27
HSC HOSPITALS	155	1,068	1,582,038.86	1481.31	.009	10206.70	13.72
NON-HSC HOSPITALS TOTAL	1,239	6 , 723	12,191,621.92	1813.42	.058	9839.89	105.76
ACCOMMODATIONS	1,230	6 , 723	2,982,850.56	443.68	.058	2425.08	25.87
ADMINISTRATIVE DAYS	10	74	15,726.41	212.52	.001	1572.64	.14
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,221	6,649	2,967,124.15	446.25	.058	2430.08	25.74
ANCILLARIES	1,239	0	9,208,771.36	.00	.000	7432.42	79.88
INPATIENT CROSSOVERS	605	0	552,308.40	.00	.000	912.91	4.79
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11,571	74 , 593	2,256,857.04	30.26	.647	195.04	19.58
MEDICAL	3 , 900	6 , 890	285,912.55	41.50	.060	73.31	2.48
SURGERY	1,252	1,450	54,338.11	37.47	.013	43.40	.47
PATHOLOGY	3,862	20,856	233,501.40	11.20	.181	60.46	2.03
RADIOLOGY	3 , 038	5,012	372,016.17	74.23	.043	122.45	3.23
ROOM USE	6 , 559	9,542	362,216.76	37.96	.083	55.22	3.14
CROSSOVERS/ALL OTH OUTPINT	6 , 913	30,843	948,872.05	30.76	.268	137.26	8.23
@STATE HOSPITAL	9	350 \$	181,313.99	\$ 518.04	.003	\$ 20146.00	\$ 1.57
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	9	350	181,313.99	518.04	.003	20146.00	1.57
@NURSING FACILITY	939	24,100 \$	3,430,243.41	\$ 142.33	.209	\$ 3653.08	\$ 29.76
LEV A-INTERMEDIATE	26	668	60,122.68	90.00	.006	2312.41	.52
LEV B-REHAB MD	33	993	124,105.79	124.98	.009	3760.78	1.08
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	32	807	442,677.00	548.55	.007	13833.66	3.84
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	858	21,632	2,803,337.94	129.59	.188	3267.29	24.32
@INTERMEDIATE CARE FACILDD	1,529	45,966 \$	7,968,550.49	\$ 173.36	.399	\$ 5211.61	\$ 69.12
ICF DDH	978	29 , 173	4,644,770.81	159.21	.253	4749.25	40.29
ICF DD	0	0	.00	.00	.000	.00	.00

553	16,793		3,323,779.68	3	197.93	.146		6010.45		28.83
402	10,315	\$	562,952.00) \$	54.58	.089	\$	1400.38	\$	4.88
0	0		.00)	.00	.000		.00		.00
402	10,315		562,952.00)	54.58	.089		1400.38		4.88
264	3 , 787	\$	45,295.09	\$	11.96	.033	\$	171.57	\$.39
16	96		2,045.11	-	21.30	.001		127.82		.02
248	3,691		43,249.98	3	11.72	.032		174.40		.38
9,242	41,883	\$	482,395.54	\$	11.52	.363	\$	52.20	\$	4.18
8,831	41,089		461,362.93	}	11.23	.356		52.24		4.00
411	794		21,032.61	-	26.49	.007		51.17		.18
33 , 762	55,881	\$	4,485,243.34	\$	80.26	.485	\$	132.85	\$	38.91
576	1,778		39,476.16	5	22.20	.015		68.54		.34
529	1,676		101,430.81	-	60.52	.015		191.74		.88
8	90		1,097.41	-	12.19	.001		137.18		.01
33,017	52 , 337		4,343,238.96)	82.99	.454		131.55		37.68
MEDI-CAL SERVICES	AND EXPENDITUR	RES	MONTH-OF-PAYMENT	REPOR'	r for Jan	2004 THRU	DEC	2004	P.	AGE 14,308
FEE-FOR-SERVICE/DE	ENTAL									03/14/05
SUMMARY OF SERVICE	S FOR ALL DIS	SABL	ED							
						M	ONTE	HLY AVERA	GE	
	402 0 402 264 16 248 9,242 8,831 411 33,762 576 529 8 33,017 MEDI-CAL SERVICES FEE-FOR-SERVICE/DE	402 10,315 0 0 402 10,315 264 3,787 16 96 248 3,691 9,242 41,883 8,831 41,089 411 794 33,762 55,881 576 1,778 529 1,676 8 90 33,017 52,337 MEDI-CAL SERVICES AND EXPENDITURE	402 10,315 \$ 0 0 0 402 10,315 264 3,787 \$ 16 96 248 3,691 9,242 41,883 \$ 8,831 41,089 411 794 33,762 55,881 \$ 576 1,778 529 1,676 8 90 33,017 52,337 MEDI-CAL SERVICES AND EXPENDITURES FEE-FOR-SERVICE/DENTAL	402 10,315 \$ 562,952.00 0 0 .00 402 10,315 562,952.00 264 3,787 \$ 45,295.09 16 96 2,045.11 248 3,691 43,249.98 9,242 41,883 \$ 482,395.54 8,831 41,089 461,362.93 411 794 21,032.61 33,762 55,881 \$ 4,485,243.34 576 1,778 39,476.16 529 1,676 101,430.81 8 90 1,097.41 33,017 52,337 4,343,238.96	402 10,315 \$ 562,952.00 \$ 0 0 .00 402 10,315 562,952.00 264 3,787 \$ 45,295.09 \$ 16 96 2,045.11 248 3,691 43,249.98 9,242 41,883 \$ 482,395.54 \$ 8,831 41,089 461,362.93 411 794 21,032.61 33,762 55,881 \$ 4,485,243.34 \$ 576 1,778 39,476.16 529 1,676 101,430.81 8 90 1,097.41 33,017 52,337 4,343,238.96 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT	402 10,315 \$ 562,952.00 \$ 54.58 0 0 0 .00 .00 402 10,315 562,952.00 54.58 264 3,787 \$ 45,295.09 \$ 11.96 16 96 2,045.11 21.30 248 3,691 43,249.98 11.72 9,242 41,883 \$ 482,395.54 \$ 11.52 8,831 41,089 461,362.93 11.23 411 794 21,032.61 26.49 33,762 55,881 \$ 4,485,243.34 \$ 80.26 576 1,778 39,476.16 22.20 529 1,676 101,430.81 60.52 8 90 1,097.41 12.19 33,017 52,337 4,343,238.96 82.99 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN FEE-FOR-SERVICE/DENTAL	402 10,315 \$ 562,952.00 \$ 54.58 .089 0 0 .00 .00 .000 402 10,315 562,952.00 54.58 .089 264 3,787 \$ 45,295.09 \$ 11.96 .033 16 96 2,045.11 21.30 .001 248 3,691 43,249.98 11.72 .032 9,242 41,883 482,395.54 \$ 11.52 .363 8,831 41,089 461,362.93 11.23 .356 411 794 21,032.61 26.49 .007 33,762 55,881 4,485,243.34 \$ 80.26 .485 576 1,778 39,476.16 22.20 .015 529 1,676 101,430.81 60.52 .015 8 90 1,097.41 12.19 .001 33,017 52,337 4,343,238.96 82.99 .454 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR ALL DISABLED	402 10,315 \$ 562,952.00 \$ 54.58 .089 \$ 0 0 .00 .00 .000 .000 402 10,315 562,952.00 54.58 .089 264 3,787 \$ 45,295.09 \$ 11.96 .033 \$ 16 96 2,045.11 21.30 .001 248 3,691 43,249.98 11.72 .032 9,242 41,883 \$ 482,395.54 \$ 11.52 .363 \$ 8,831 41,089 461,362.93 11.23 .356 411 794 21,032.61 26.49 .007 33,762 55,881 \$ 4,485,243.34 \$ 80.26 .485 \$ 576 1,778 39,476.16 22.20 .015 529 1,676 101,430.81 60.52 .015 529 1,676 101,430.81 60.52 .015 8 90 1,097.41 12.19 .001 33,017 52,337 4,343,238.96 82.99 .454 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR ALL DISABLED	402 10,315 \$ 562,952.00 \$ 54.58 .089 \$ 1400.38 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	402 10,315 \$ 562,952.00 \$ 54.58 .089 \$ 1400.38 \$ 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00

							MILLE TARKE	
115,281 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	17 , 617	765 , 173	\$	4,230,512.14	\$ 5.53	6.637	\$ 240.14	\$ 36.70
DURABLE MED. EQUIP.	2,489	10,000		1,045,692.36	104.57	.087	420.13	9.07
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	371	735		70,254.63	95.58	.006	189.37	.61
MEDICAL TRANSPORTATION	2,934	99,443		687 , 918.60	6.92	.863	234.46	5.97
AMBULANCES/AIR TRANS	1,914	20,818		341,109.03	16.39	.181	178.22	2.96
OTHER TRANS	990	77 , 983		237,760.10	3.05	.676	240.16	2.06
OTHER SERVICES	231	642		109,049.47	169.86	.006	472.08	.95
ACUPUNCTURE	50	107		1,893.15	17.69	.001	37.86	.02
ADULT DAY HEALTH CARE CTR	443	5,325		370,589.17	69.59	.046	836.54	3.21
GENETIC DISEASE TESTING	21	21		2,205.00	105.00	.000	105.00	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	1,007	25,542		859,142.17	33.64	.222	853.17	7.45
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	2,742	6,766		71,135.88	10.51	.059	25.94	.62
PHYSICAL THERAPIST	460	4,594		63 , 893.05	13.91	.040	138.90	.55
PORTABLE X-RAY	41	90		2,522.68	28.03	.001	61.53	.02
PROSTHETIST/ORTHOTISTS	522	1,063		124,436.42	117.06	.009	238.38	1.08
PROSTHETICS	521	1,062		124,379.41	117.12	.009	238.73	1.08
ORTHOTICS	1	1		57.01	57.01	.000	57.01	.00
PSYCHOLOGIST	28	77		5,011.26	65.08	.001	178.97	.04
SPEECH AND AUDIOLOGY	345	1,317		61,408.55	46.63	.011	178.00	.53
HOSPICE SERVICES	59	1,620		213,260.52	131.64	.014	3614.59	1.85
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,121	33,360		201,662.95	6.05	.289	179.90	1.75
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7,114	575,113		449,485.75	.78	4.989	63.18	3.90
@CALIF. CHILDREN SERVICES*	993	28,927	\$	1,768,194.64	\$ 61.13	.251	\$ 1780.66	\$ 15.34
@XOVER EXCLUDING STATE HOSP**	15,115	131,383	\$	2,061,490.70	\$ 15.69	1.140	\$ 136.39	\$ 17.88

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

DIIADIA COONII	DOMMANT OF DEN	VICES FOR ALL PARTITION					
					MON		-
240,148 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	,	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	131,166	701 , 934 \$	41,169,731.16	\$ 58.65	2.923 \$	313.88	\$ 171.43
@PHYSICIANS SERVICES	33,227	110,877 \$	4,471,876.30	\$ 40.33	.462 \$	134.59	\$ 18.62
OUTPATIENT VISITS	21,292	30,517	1,246,585.19	40.85	.127	58.55	5.19
OFFICE VISITS	9,527	11,306	391,530.86	34.63	.047	41.10	1.63
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	11,638	13,399	713,113.38	53.22	.056	61.27	2.97
PREVENTIVE CARE	63	62	2 , 637.05	42.53	.000	41.86	.01
OB VISITS/COMPRE PERI	791	5,533	132,110.61	23.88	.023	167.02	.55
OTHER OUTPATIENT	205	217	7,193.29	33.15	.001	35.09	.03
INPATIENT VISITS	1,752	6 , 528	468,820.47	71.82	.027	267.59	1.95
HOSPITAL VISITS	1,638	4,927	237 , 716.17	48.25	.021	145.13	.99
CRITICAL CARE	282	1,564	229,361.06	146.65	.007	813.34	.96
SNF/ICF/TRANS IP CARE	6	37	1,743.24	47.11	.000	290.54	.01
OPHTHALMOLOGICAL SERVICES	409	437	19 , 327.36	44.23	.002	47.26	.08
EXAMINATIONS	408	436	19 , 307.36	44.28	.002	47.32	.08
SERVICES AND MATERIALS	1	1	20.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	1,554	14,383	751 , 282.11	52.23	.060	483.45	3.13
PRINCIPAL SURGEON	1,119	1,547	626,981.36	405.29	.006	560.31	2.61
ASSISTANT SURGEON	132	135	21 , 576.99	159.83	.001	163.46	.09
ANESTHESIOLOGIST	509	12,701	102,723.76	8.09	.053	201.81	.43
OUTPATIENT SURGERY	3 , 350	30,127	624 , 170.44	20.72	.125	186.32	2.60
PRINCIPAL SURGEON	2,882	3 , 551	527 , 769.08	148.63	.015	183.13	2.20
ASSISTANT SURGEON	52	52	5,228.68	100.55	.000	100.55	.02
ANESTHESIOLOGIST	665	26,524	91 , 172.68	3.44	.110	137.10	.38
DIALYSIS	26	103	8,147.32	79.10	.000	313.36	.03
PATHOLOGY	1,049	2,013	20,119.59	9.99	.008	19.18	.08
RADIOLOGY	10,902	17 , 759	958,935.05	54.00	.074	87.96	3.99
PSYCHIATRY	2	2	146.58	73.29	.000	73.29	.00

IMMUNIZATION AND INJECTION	413	969		89 , 525.96		92.39	.004		216.77		.37
OTHER SERVICES/ALL X-OVERS	3 , 496	8,039		284,816.23		35.43	.033		81.47		1.19
@PHARMACY	66 , 552	205,217	\$	10,283,045.75	\$	50.11	.855	\$	154.51	\$	42.82
PRESCRIPTION DRUGS	66 , 055	167,430		10,111,032.10		60.39	.697		153.07		42.10
SNF/ICF	26	114		13,576.05		119.09	.000		522.16		.06
OUTPATIENTS	66 , 035	167,316		10,097,456.05		60.35	.697		152.91		42.05
MEDICAL SUPPLIES	2,017	37 , 787		172,013.65		4.55	.157		85.28		.72
@DENTIST	10,778	59 , 636	\$	1,888,362.57	\$	31.66	.248	\$	175.21	\$	7.86
VISITS - DIAGNOSTIC	8,035	40,902		546,230.13		13.35	.170		67.98		2.27
ORAL SURGERY	1,773	4,187		278,047.44		66.41	.017		156.82		1.16
DRUGS	174	325		4,761.75		14.65	.001		27.37		.02
ANESTHESIA	265	267		25,700.00		96.25	.001		96.98		.11
PERIODONTICS	275	278		29,102.00		104.68	.001		105.83		.12
ENDODONTICS	985	1,602		264,825.05		165.31	.007		268.86		1.10
RESTORATIVE DENTISTRY	3 , 598	10,319		592,340.15		57.40	.043		164.63		2.47
PROSTHETICS	25	25		750.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	239	767		83,836.21		109.30	.003		350.78		.35
SPACE MAINTAINERS	104	132		15,150.00		114.77	.001		145.67		.06
MAXILLOFACIAL SERVICES	22	25		5,474.84		218.99	.000		248.86		.02
FRACTURES, DISLOCATIONS	4	4		4,700.00		1175.00	.000		1175.00		.02
ORTHODONTIC SERVICES	388	491		35,945.00		73.21	.002		92.64		.15
ALL OTHER SERVICES	181	312		1,500.00		4.81	.001		8.29		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	RES MO	ONTH-OF-PAYMENT RE	EPOR'	T FOR JAN	2004 THRU	DEC	2004	PA	GE 14,310
MOP024	FEE-FOR-SERVICE/DENT	ΓAL									03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES	FOR ALL FA	MILIES	5							

----- MONTHLY AVERAGE -----240,148 ELIGIBLES USERS EXPENDITURES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 3,748 10,904 245,124.81 \$ 22.48 .045 \$ 65.40 \$ 1.02 DIAGNOSTIC AND ANC. PROCED 2,721 2,883 121,754.25 42.23 .012 44.75 .51 116,529.88 14.93 44.53 EYE APPLIANCES 2,617 7,804 .032 200 217 31.52 34.20 OTHER OPTOMETRIC SERVICES 6,840.68 31.52 63,065.26 \$ 16.64 63,031.82 16.64 6,840.68 .001 .03 3,791 25.96 \$ @CHIROPRACTOR 2,429 .016 \$.26 3,789 3,031.82 33.44 VISITS 2,428 .016 25.96 1 33.44 OTHER SERVICES 16.72 .000 810.31 \$ 22.51 645.52 33.97 .00 .00 24.22 24.22 140.57 8.79 @PODIATRIST 17 36 \$.000 \$ 47.67 \$.00 19 MEDICINE/INJECTIONS 16 .000 40.35 .00 0 0 .000 .00 .00 SURGERY/ANES. 1 RADIO./PATHOLOGY 1 .000 24.22 .00 16 1 OTHER .000 140.57 .00 3,578 .015 \$ 230.50 \$ 741 170,797.82 \$ 47.74 @HOME HEALTH AGENCY 23 255 123.62 \$ 2,843.20 \$ 11.15 .001 \$ NURSE ANESTHESIST \$ 1,949.71 \$ 7 389.94 \$ NURSE MIDWIFE 5 Ś 278.53 .000 \$.01 0 .00 \$ PEDIATRIC NURSE PRACTITIONER 0 .00 \$.00 .000 \$ 9,685.73 \$ FAMILY NURSE PRACTITIONER 294 406 23.86 .002 \$ 32.94 \$.04 23,330 130.62 @TOTAL HOSPITAL 114,600 14,968,489.56 .477 \$ 641.60 \$ 8,693 HOSP INPATIENT TOTAL 1,899 12,075,648.25 1389.12 .036 6358.95 1426.66 1378.01 478.49 228.09 .00 1,106 11190.67 HSC HOSPITALS 141 1,577,884.04 .005 6.57 NON-HSC HOSPITAL TOTAL 1,749 7,587 10,454,989.74 .032 5977.70 43.54 1,747 .032 ACCOMMODATIONS 7,587 2078.00 3,630,268.17 4 72 0 4105.58 ADMINISTRATIVE DAYS 16,422.30 .000 .07 .00 TRANSITIONAL IP CARE .00 .000 .00 7,515 3,613,845.87 1,745 480.88 .031 2070.97 15.05 ALL OTHER ACCOM .00 28.42 ANCILLARIES 1,747 0 6,824,721.57 .000 3906.54 16 .00 0 INPATIENT CROSSOVERS 42,774.47 .000 2673.40 .18 ALL OTHER INPATIENT .00 .00 .000 .00

HOSP OUTPATIENT TOTAL	22,227	105,907	2,892,841.31	27.31	.441	130.15	12.05
MEDICAL	6,934	9,701	316,724.28	32.65	.040	45.68	1.32
SURGERY	2,573	3,069	114,725.82	37.38	.013	44.59	.48
PATHOLOGY	7,588	27,578	339,630.98	12.32	.115	44.76	1.41
RADIOLOGY	5,637	7,607	450,685.56	59.25	.032	79.95	1.88
ROOM USE	18,523	25,512	924,090.90	36.22	.106	49.89	3.85
CROSSOVERS/ALL OTH OUTPINT	9,659	32,440	746,983.77	23.03	.135	77.34	3.11
@COUNTY HOSPITAL TOTAL	88	348 \$	28,038.62		.001 \$	318.62	
CO HOSPITAL INPATIENT TOTAL	4	15	19,014.02	1267.60	.000	4753.51	.08
HSC HOSPITALS	4	15	19,014.02	1267.60	.000	4753.51	.08
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	85	333	9,024.60	27.10	.001	106.17	.04
MEDICAL	43	53	2,710.70	51.15	.000	63.04	.01
SURGERY	7	8	312.06	39.01	.000	44.58	.00
PATHOLOGY	25	116	1,378.36	11.88	.000	55.13	.01
RADIOLOGY	14	21	777.93	37.04	.000	55.57	.00
ROOM USE	57	82	3,252.69	39.67	.000	57.06	.01
CROSSOVERS/ALL OTH OUTPTNT	22	53	592.86	11.19	.000	26.95	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 14,311
MOP024	FEE-FOR-SERVICE	•					03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR ALL FAMILI	ES				
					MON		
240,148 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	_	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	23,249	114,252 \$	14,940,450.94		.476 \$		
COMM HOSP INPATIENT TOTAL	1,896	8,678	12,056,634.23	1389.33	.036	6358.98	50.21
HSC HOSPITALS	137	1,091	1,558,870.02	1428.85	.005		6.49
NON-HSC HOSPITALS TOTAL	1,749	7,587	10,454,989.74	1378.01	.032	5977.70	43.54
ACCOMMODATIONS	1,747	7,587	3,630,268.17	478.49	.032	2078.00	15.12

240,148 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CAR			PER UNIT/DAY	PER ELIG	USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	23,249	114,252	\$	14,940,450.94	\$ 130.77	.476	\$ 642.63	\$	62.21
COMM HOSP INPATIENT TOTAL	1,896	8 , 678		12,056,634.23	1389.33	.036	6358.98		50.21
HSC HOSPITALS	137	1,091		1,558,870.02	1428.85	.005	11378.61		6.49
NON-HSC HOSPITALS TOTAL	1,749	7 , 587		10,454,989.74	1378.01	.032	5977.70		43.54
ACCOMMODATIONS	1,747	7 , 587		3,630,268.17	478.49	.032	2078.00		15.12
ADMINISTRATIVE DAYS	4	72		16,422.30	228.09	.000	4105.58		.07
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1,745	7,515		3,613,845.87	480.88	.031	2070.97		15.05
ANCILLARIES	1,747	0		6,824,721.57	.00	.000	3906.54		28.42
INPATIENT CROSSOVERS	16	0		42 , 774.47	.00	.000	2673.40		.18
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	22,148	105,574		2,883,816.71	27.32	.440	130.21		12.01
MEDICAL	6 , 893	9,648		314,013.58	32.55	.040	45.56		1.31
SURGERY	2,566	3,061		114,413.76	37.38	.013	44.59		.48
PATHOLOGY	7 , 563	27,462		338,252.62	12.32	.114	44.72		1.41
RADIOLOGY	5,623	7 , 586		449,907.63	59.31	.032	80.01		1.87
ROOM USE	18,470	25,430		920,838.21	36.21	.106	49.86		3.83
CROSSOVERS/ALL OTH OUTPTNT	9 , 637	32,387		746,390.91	23.05	.135	77.45		3.11
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	10	126	\$	70,127.17	\$ 556.56	.001	\$ 7012.72	\$.29
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	5	82		49,725.09	606.40	.000	9945.02		.21

LEV B-SUBACUTE HSPTL BASED	1	31		17,971.31		579.72	.000		17971.31		.07
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	4	13		2,430.77		186.98	.000		607.69		.01
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	21	1,083	\$	52,878.24	\$	48.83	.005	\$	2518.01	\$.22
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	21	1,083		52,878.24		48.83	.005		2518.01		.22
@REHABILITATION FACILITY	75	695	\$	10,511.86	\$	15.12	.003	\$	140.16	\$.04
HOSPITAL BASED	26	158		3,635.29		23.01	.001		139.82		.02
INDEPENDENT FACILITY	49	537		6 , 876.57		12.81	.002		140.34		.03
@LABORATORY FACILITY	10,229	34,872	\$	495,263.79	\$	14.20	.145	\$	48.42	\$	2.06
PATHOLOGY	10,214	34,841		491,703.23		14.11	.145		48.14		2.05
XO AND OTHERS	15	31		3,560.56		114.86	.000		237.37		.01
@ORGANIZED OUTPATIENT CLINIC	49,163	73,841	\$	7,466,666.23	\$	101.12	.307	\$	151.88	\$	31.09
CLINIC	2,924	8,406		265,017.03		31.53	.035		90.64		1.10
SURGICENTER	362	1,426		67,369.43		47.24	.006		186.10		.28
HEROIN DETOX CLINIC	3	28		353.80		12.64	.000		117.93		.00
RURAL HEALTH CLINIC	46,384	63 , 981		7,133,925.97		111.50	.266		153.80		29.71
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES	MONTH-OF-PAYMENT	REPORT	FOR JAN 200	4 THRU	DEC	2004	PI	AGE 14,312
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES F	OR ALL F	'AMILI	IES							

SHASIA COUNTI	SUMMANT OF SEN	VICES FOR ALL PARTLES					
					MON		GE
240,148 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	12,211	82 , 010 \$	968,232.85	\$ 11.81	.341 \$	79.29	\$ 4.03
DURABLE MED. EQUIP.	575	1,303	79,759.53	61.21	.005	138.71	.33
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	150	289	17,195.59	59.50	.001	114.64	.07
MEDICAL TRANSPORTATION	1,402	20,713	404,319.35	19.52	.086	288.39	1.68
AMBULANCES/AIR TRANS	1,370	18,266	271,975.09	14.89	.076	198.52	1.13
OTHER TRANS	27	2,330	9,941.90	4.27	.010	368.22	.04
OTHER SERVICES	98	117	122,402.36	1046.17	.000	1249.00	.51
ACUPUNCTURE	14	21	443.71	21.13	.000	31.69	.00
ADULT DAY HEALTH CARE CTR	2	3	208.74	69.58	.000	104.37	.00
GENETIC DISEASE TESTING	330	331	34,683.00	104.78	.001	105.10	.14
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	4	23	287.10	12.48	.000	71.78	.00
OPTICIAN	2,848	6,421	63,047.58	9.82	.027	22.14	.26
PHYSICAL THERAPIST	476	5,043	71,689.02	14.22	.021	150.61	.30
PORTABLE X-RAY	1	2	45.20	22.60	.000	45.20	.00
PROSTHETIST/ORTHOTISTS	423	569	46,184.65	81.17	.002	109.18	.19
PROSTHETICS	419	565	45,969.04	81.36	.002	109.71	.19
ORTHOTICS	4	4	215.61	53.90	.000	53.90	.00
PSYCHOLOGIST	6	26	1,766.55	67.94	.000	294.43	.01
SPEECH AND AUDIOLOGY	194	654	35 , 956.05	54.98	.003	185.34	.15
HOSPICE SERVICES	2	17	2,260.83	132.99	.000	1130.42	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5 , 603	19,690	192,459.77	9.77	.082	34.35	.80
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	473	26 , 905	17,926.18	.67	.112	37.90	.07
@CALIF. CHILDREN SERVICES*	655	11,572 \$	2,616,439.99	\$ 226.10	.048 \$	3994.56	\$ 10.90

@XOVER EXCLUDING STATE HOSP** 301 1,597 \$ 67,394.74 \$ 42.20 .007 \$ 223.90 \$.28

03/14/05

----- MONTHLY AVERAGE -----

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 14,313 MOP024 FEE-FOR-SERVICE/DENTAL SHASTA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

					MONT		
16,659 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS		COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	8,847	80,214 \$		\$ 42.64	4.815 \$	386.58	\$ 205.30
@PHYSICIANS SERVICES	2,160	6 , 774 \$	274,551.35	\$ 40.53	.407 \$	127.11	\$ 16.48
OUTPATIENT VISITS	1,352	2,364	91,711.34	38.79 34.79	.142	67.83	5.51
OFFICE VISITS	533	614	21,359.72	34.79	.037	40.07	1.28
HOME VISITS	1	1	28.07	28.07	.000	28.07	.00
EMERGENCY ROOM	716	853	47,141.49	55.27	.051	65.84	2.83
PREVENTIVE CARE	2	2	81.24	40.62	.000	40.62	.00
OB VISITS/COMPRE PERI	121	864	21,987.21	25.45	.052	181.71	1.32
OTHER OUTPATIENT	29	30	1,113.61			38.40	.07
INPATIENT VISITS	154	458	29,052.23	37.12 63.43	.027	188.65	1.74
HOSPITAL VISITS	136	364		49.02	.022	131.19	1.07
CRITICAL CARE	24	81	10,713.14	49.02 132.26	.005	446.38	.64
SNF/ICF/TRANS IP CARE	8	13	497.44	38 26	.001	62.18	.03
OPHTHALMOLOGICAL SERVICES	36	42	1,774.58	38.26 42.25	.003	49.29	.11
EXAMINATIONS	36	42	1,774.58	42.25	.003	49.29	.11
SERVICES AND MATERIALS	0	0	.00	.00		.00	.00
INPATIENT HOSPITAL SURGERY	103	549	50,573.74	92.12	.033	491.01	3.04
PRINCIPAL SURGEON	79	103	43,568.69	423.00	.006	551.50	2.62
ASSISTANT SURGEON	7 9	4	747.26	186.82	.000	186.82	.04
	30	442	6,257.79	14.16	.027		
ANESTHESIOLOGIST						208.59	.38
OUTPATIENT SURGERY	163	1,440	25,113.65	17.44	.086	154.07	1.51
PRINCIPAL SURGEON	132	155	19,223.43	124.02	.009	145.63	1.15
ASSISTANT SURGEON	2	2	210.72	105.36	.000	105.36	.01
ANESTHESIOLOGIST	40	1,283	5,679.50	4.43	.077	141.99	.34
DIALYSIS	0 79	0	.00	.00	.000	.00	.00
PATHOLOGY		183	1,695.38	9.26	.011	21.46	.10
RADIOLOGY	690	1,123	55,877.70	49.76	.067	80.98	3.35
PSYCHIATRY	2	2	146.58	73.29	.000	73.29	.01
IMMUNIZATION AND INJECTION	16	31	492.25	15.88	.002	30.77	.03
OTHER SERVICES/ALL X-OVERS	239	582	18,113.90	31.12 \$ 35.20	.035	75.79	1.09
@PHARMACY	3,865	17,843 \$	628,143.70	\$ 35.20	1.071 \$		
PRESCRIPTION DRUGS	3,825	8 , 575	598 , 743.68	69.82	.515	156.53	35.94
SNF/ICF	49	264	15,056.44	57.03		307.27	.90
OUTPATIENTS	3,777	8,311	583,687.24	70.23 3.17	.499	154.54	35.04
MEDICAL SUPPLIES	152	9 , 268		3.17		193.42	1.76
@DENTIST	640	3 , 448 \$		\$ 32.50	.207 \$		\$ 6.73
VISITS - DIAGNOSTIC	494	2,416	33,691.20	13.95	.145	68.20	2.02
ORAL SURGERY	92	263	21,933.25	83.40	.016	238.40	1.32
DRUGS	19	37	475.00	12.84	.002	25.00	.03
ANESTHESIA	28	28	2,500.00	89.29	.002	89.29	.15
PERIODONTICS	2	2	236.00	118.00	.000	118.00	.01
ENDODONTICS	42	75	14,244.00	189.92	.005	339.14	.86
RESTORATIVE DENTISTRY	184	549	33,617.00	61.23	.033	182.70	2.02
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	4	219.00	54.75	.000	219.00	.01
SPACE MAINTAINERS	6	7	671.00	95.86	.000	111.83	.04

MAXILLOFACIAL SERVICES	2	3	250.00	83.33	.000	125.00	.02
FRACTURES, DISLOCATIONS	1	1	500.00	500.00	.000	500.00	.03
ORTHODONTIC SERVICES	39	51	3,650.00	71.57	.003	93.59	.22
ALL OTHER SERVICES	14	12	75.00	6.25	.001	5.36	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU D	EC 2004	PAGE 14,314
MOP024	FEE-FOR-SERVICE/DE	NTAL					03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES	S FOR ALL MEDICA	ALLY INDIGENT				

							M	CNO	HLY AVERA	GΕ	
16,659 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	2		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	185	542	\$	12,063.03	\$	22.26	.033	\$	65.21	\$.72
DIAGNOSTIC AND ANC. PROCED	133	140		5,909.78		42.21	.008		44.43		.35
EYE APPLIANCES	135	399		6,027.44		15.11	.024		44.65		.36
OTHER OPTOMETRIC SERVICES	3	3		125.81		41.94	.000		41.94		.01
@CHIROPRACTOR	76	112	\$	1,826.66	\$	16.31	.007	\$	24.04	\$.11
VISITS	76	112		1,826.66		16.31	.007		24.04		.11
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	95	6 , 275	\$	166,098.64	\$	26.47		\$	1748.41	\$	9.97
NURSE ANESTHESIST	2	11	\$	182.88	\$	16.63	.001	\$	91.44	\$.01
NURSE MIDWIFE	1	1	\$	182.94	\$	182.94	.000	\$	182.94	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	25	36	\$	677.64	\$	18.82	.002	\$	27.11	\$.04
@TOTAL HOSPITAL	1,684	9,713	\$	1,239,994.02	\$	127.66	.583	\$	736.34	\$	74.43
HOSP INPATIENT TOTAL	137	640		972 , 566.89		1519.64	.038		7099.03		58.38
HSC HOSPITALS	14	55		75,244.03		1368.07	.003		5374.57		4.52
NON-HSC HOSPITAL TOTAL	123	585		897,322.86		1533.89	.035		7295.31		53.86
ACCOMMODATIONS	123	585		290,987.20		497.41	.035		2365.75		17.47

ADMINISTRATIVE DAYS	1	5	1,156.50	231.30	.000	1156.50	.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	122	580	289,830.70	499.71	.035	2375.66 4929.56	17.40
ANCILLARIES	123	0	606,335.66	.00	.000	4929.56	36.40
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	1,603	9,073	267,427.13	29.48	.545	166.83	16.05
MEDICAL	371	493	17,227.86	34.94	.030	46.44	1.03
SURGERY	195	226	7,137.15	31.58	.014	36.60	.43
PATHOLOGY	648	2,673	34,999.29	13.09	.160	54.01	2.10
RADIOLOGY	445	603	33,903.49	56.22	.036	76.19	2.04
ROOM USE	1,289	1,840	65,499.63	35.60		50.81	3.93
CROSSOVERS/ALL OTH OUTPTNT		3,238	108,659.71	33.56	.194	132.03	6.52
@COUNTY HOSPITAL TOTAL	9	20 \$		\$ 269.55		599.00	
CO HOSPITAL INPATIENT TOTAL		4			.000	4780.00	.29
HSC HOSPITALS	1	4	4,780.00	1195.00 1195.00	.000	4780.00	.29
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	
ALL OTHER ACCOM	0	0	.00	.00		.00	
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT		16	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8		610.96	38.19	.001	76.37	
MEDICAL	5	5	212.55	42.51	.000	42.51	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	5	52.20	10.44	.000	17.40	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	5	5	195.25	39.05	.000	39.05	.01
CROSSOVERS/ALL OTH OUTPTNT		1	150.96	150.96	.000	150.96	.01
		CES AND EXPENDITURES MON	TH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DEG	C 2004	PAGE 14,315
MOP024	FEE-FOR-SERVIC						03/14/05
SHASTA COUNTY	SUMMARY OF SER	VICES FOR ALL MEDICALLY	INDIGENT				
					MON'		
16,659 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,676	9,693 \$	1,234,603.06	\$ 127.37		736.64	\$ 74.11
COMM HOSP INPATIENT TOTAL	136	636	967,786.89	1521.68	.038	7116.08	58.09
HSC HOSPITALS	13	51	70,464.03	1381.65	.003	5420.31	4.23
NON-HSC HOSPITALS TOTAL	123	585	897,322.86	1533.89	.035	7295.31	53.86
ACCOMMODATIONS	123	585	290,987.20	497.41 231.30	.035	2365.75	17.47
ADMINISTRATIVE DAYS	1	5	1,156.50	231.30	.000	1156.50	.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	122	580	289,830.70	499.71	.035	2375.66	17.40
ANCILLARIES	123	0	606,335.66	.00	.000	4929.56	36.40
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,596	9,057	266,816.17	29.46	.544	167.18	16.02
MEDICAL	367	488	17,015.31	34.87	.029	46.36	1.02
SURGERY	195	226	7,137.15	31.58	.014	36.60	.43
PATHOLOGY	645	2,668	34,947.09	13.10	.160	54.18	2.10
RADIOLOGY	445	603	33,903.49	56.22	.036	76.19	2.04
ROOM USE	1,284	1,835	65,304.38	35.59	.110	50.86	3.92
CROSSOVERS/ALL OTH OUTPTNT		3,237	108,508.75	33.52	.194	132.01	6.51
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	
00111111 11001111111	9	Ŭ ¥	• • • •	· · · · · ·	٠٥٥٥ ٢	• • • •	T .00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	29	868	\$	277,194.42	\$	319.35	.052	\$	9558.43	\$	16.64
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	14	422		233,813.26		554.06	.025		16700.95		14.04
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	15	446		43,381.16		97.27	.027		2892.08		2.60
@INTERMEDIATE CARE FACILDD	12	364	\$	74,819.19	\$	205.55	.022	\$	6234.93	\$	4.49
ICF DDH	0	0		885.36		.00	.000		.00		.05
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	12	364		73,933.83		203.11	.022		6161.15		4.44
@HEMODIALYSIS TOTAL	3	69	\$	5,144.16	\$	74.55	.004	\$	1714.72	\$.31
HOSPITAL BASED	0	0	•	.00		.00	.000		.00	•	.00
HEMODIALYSIS CENTER	3	69		5,144.16		74.55	.004		1714.72		.31
@REHABILITATION FACILITY	23	397	Ś	5,186.98	\$.024	Ś		Ś	.31
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	23	397		5,186.98		13.07	.024		225.52		.31
@LABORATORY FACILITY	628	2,013	\$	28,342.96	\$	14.08	.121	Ś		Ś	1.70
PATHOLOGY	628	2,013	'	28,342.96		14.08	.121		45.13		1.70
XO AND OTHERS	0	_, -, -		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3 , 278	4,792	\$	488,818.34	Ś	102 01	288	Ś	149.12	Ś	29.34
CLINIC	248	769	7	23,927.08	7	31.11	.046	-1	96.48	т.	1.44
SURGICENTER	14	68		2,192.62		32.24	.004		156.62		.13
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3 , 039	3,955		462,698.64		116.99	.237				27.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI		JRES M	ONTH-OF-PAYMENT R	EPORT					Р	AGE 14,316
MOP024	FEE-FOR-SERVICE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				2001 111110		2001	-	03/14/05
SHASTA COUNTY		VICES FOR ALL ME	EDICAL	LY INDIGENT							00/ 11/ 00
511115111 0001111	DOINGING OF DELC	VIOLO ION INLL III	10110	ET TIVETOEIVI			M	гио	THLY AVERA	GE	
16,659 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVE	ERAGE COST					COST PER
10,000 221012220		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	535 49	26,956	\$	104,827.12	\$		1.618				6.29
DURABLE MED. EQUIP.	49	570	7	37,225.76	7	65.31	.034	-1	759.71	т.	2.23
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	11	18		893.53		49.64			81.23		.05
MEDICAL TRANSPORTATION	110 103								272 76		1.80
AMBULANCES/AIR TRANS	103	1,126 1,020		30,003.96 16,854.33		26.65 16.52	.061		272.76 163.63		1.01
OTHER TRANS	7	91		398.64		4 38	.005		56.95		.02
OTHER SERVICES	12	15		12,750.99		4.38 850.07	.001		1062.58		.77
ACUPUNCTURE	1			43.25		21.63	.000		43.25		.00
ADULT DAY HEALTH CARE CTR	0	2		.00		.00	.000		.00		.00
		55		5,727.00		104.13	.003		104.13		.34
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	1	3.0		382.76			.002		382 76		.02
OPTICIAN	1 148	333		2,902.10		11.96 8.72	.020		382.76 19.61		.17
PHYSICAL THERAPIST	18	250		3,404.39		13.62	.015		189.13		.20
PORTABLE X-RAY	1.0	250		.00		.00	.015		.00		.20
	U	U		.00		.00	.000		.00		.00

32

32

0

0

97

58

0

21

21

0

0

19

2

0

108.48

108.48

.00

.00

30.08

.00

124.88

3,471.45

3,471.45

2,917.68

7,243.04

.00

.00

.00

.002

.002

.000

.000

.006

.003

.000

165.31

165.31

.00

153.56

3621.52

.00

.00

.21

.21

.00

.00

.18

.43

.00

PROSTHETICS

HOSPICE SERVICES

ORTHOTICS

PSYCHOLOGIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

LOCAL EDUCATION AGENCIES	62	168	1,599.01	9.52	.010	25.7	9	.10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.0	0	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.0	0	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.0	0	.00
ALL OTHER PROVIDERS	45	24,215	9,013.19	.37	1.454	200.2	9	.54
@CALIF. CHILDREN SERVICES*	144	3,088	\$ 297,972.39	\$ 96.49	.185	\$ 2069.2	5 \$	17.89
@XOVER EXCLUDING STATE HOSP**	7	30	\$ 4,805.70	\$ 160.19	.002	\$ 686.5	3 \$.29

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,317 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY	SUMMARY OF SERVI	CES FOR RENAL DIALYSI	S	AID CODES	71		, ,
					MONT	THLY AVERAGE	Ξ
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$		
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00 \$	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MONTH	-OF-PAYMENT REPOR	RT FOR JAN 20	04 THRU DI	EC 2004	PAGE 14,318
MOP024	FEE-FOR-SERVICE/DENTAL	L					03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FO	OR RENAL DIALYSIS		AID CODES 7	1		
				-	MOI	NTHLY AVERAG	E

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 @CHIROPRACTOR .00 \$.00 .000 \$ \$.00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 @PODIATRIST .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 0 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .00 .000 .00 OTHER 0 .00 .00 .000 .00 .00 .00 @HOME HEALTH AGENCY .00 .00 .000 \$ \$.00 0 NURSE ANESTHESIST .00 \$.00 .000 .00 \$.00 0 .00 NURSE MIDWIFE .00 \$.00 .000 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 @TOTAL HOSPITAL .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 HOSP INPATIENT TOTAL HSC HOSPITALS 0 .00 .00 .000 .00 .00 0 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 0 .00 .00 PATHOLOGY .00 .000 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 0 ROOM USE .00 .00 .000 .00 .00 0 CROSSOVERS/ALL OTH OUTPTNT .00 .00 .000 .00 .00 @COUNTY HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 CO HOSPITAL INPATIENT TOTAL 0 .00 .00 HSC HOSPITALS .00 .000 .00 0 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

ADMINISTRATIVE DAYS	Λ	Λ	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES MONT					PAGE 14,319
MOP024	FEE-FOR-SERVICE/DEN		11 01 111111111111111111111111111111111	101(1 101(0111(2	.001 111110 DE	0 2001	03/14/05
SHASTA COUNTY		FOR RENAL DIALYSIS		AID CODES	71		00/11/00
					MON	THLY AVERA	GE
00 ELIGIBLES	HODDO INI	THO OF CERTIFICE		31100300 0000	IINITEG / DAMO	GOOF DED	
OO ELIGIBLES	USERS UNI	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
00 ELIGIBLES		R DAYS OF CARE	EXPENDITURES	PER UNIT/DAY	PER ELIG	USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL			EXPENDITURES .00			USER	ELIGIBLE
		R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		R DAYS OF CARE	.00	PER UNIT/DAY \$.00	PER ELIG .000 \$	USER .00	ELIGIBLE \$.00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL		R DAYS OF CARE	.00	PER UNIT/DAY \$.00 .00	PER ELIG .000 \$	USER .00 .00	ELIGIBLE \$.00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS		R DAYS OF CARE	.00	PER UNIT/DAY \$.00 .00 .00	PER ELIG .000 \$.000 .000	USER .00 .00	ELIGIBLE \$.00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL		R DAYS OF CARE	.00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00	PER ELIG .000 \$.000 .000	USER .00 .00 .00	ELIGIBLE \$.00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS		R DAYS OF CARE	.00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000	USER .00 .00 .00 .00 .00	ELIGIBLE \$.00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS		R DAYS OF CARE	.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00	ELIGIBLE \$.00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE		R DAYS OF CARE	.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00 .00	ELIGIBLE \$.00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM		R DAYS OF CARE	.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES		R DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS		R DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT		R DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	JRES MONTH-	OF-PAYMENT RE	EPORI	FOR JAN 200	4 THRU	DEC	2004	PAG	E 14,320
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	RENAL	DIALYSIS			AID CODES 71					
							N	TNO	HLY AVERA	GE	

					MON'	I'HLY AVERAG	近
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
0							

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,321 FEE-FOR-SERVICE/DENTAL

03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

SHASIA COUNTI	SUMMARI OF SERVIC	ES FOR IOIAL I	PARENI	ERAL NUIRIIION	AID CODES	13		
						MON'	THLY AVERAG	E
00 ELIGIBLES		NITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE	€.		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
-	•			Ą		ې			Ş		ې	
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	•		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXE	PENDIT	URES MO	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 14,322
MOP024	FEE-FOR-SERVICE	/DENTAL										03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR	TOTAL	PAREN'	TERAL NUTRITION		AID CODES	73				
								N	IONT	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVI	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CAI	RE		PER	UNIT/DAY	PER ELIC	j	USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		Ö		.00		.00	.000		.00		.00
@PODIATRIST	0		0	Ś	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0	7	.00	-	.00	.000	-	.00	т.	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	Õ		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	Ś	.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	۶ S	.00	۶ \$.00	.000		.00	\$.00
	0		0	Ą	.00	ې	.00	.000	Ş	.00	ې	.00
HOSP INPATIENT TOTAL	0		0		.00					.00		.00
HSC HOSPITALS	0		0				.00	.000		.00		
NON-HSC HOSPITAL TOTAL	•		-		.00		.00	.000				.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
	()		()		0.0		()()	$\alpha \alpha \alpha$		(11)		()()

0

0

0

0

0

0

0

0

0

0

0

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000

.000

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00 .00

ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES N	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DEC	2004	PAGE 14,323
MOP024	FEE-FOR-SERVICE						03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR TOTAL PAREN	NTERAL NUTRITION	AID CODES	73		
					MONT	THIY AVERA	GF:
					11014.	T11T1 T 77 A T1777	011
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS		
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	USERS 0		EXPENDITURES .00		UNITS/DAYS	COST PER	COST PER ELIGIBLE
		OR DAYS OF CARE		PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0 0 0	OR DAYS OF CARE 0 \$ 0 0	.00 .00 .00	PER UNIT/DAY \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00	COST PER ELIGIBLE \$.00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	0	OR DAYS OF CARE 0 \$ 0 0 0	.00	PER UNIT/DAY \$.00 .00	UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00	COST PER ELIGIBLE \$.00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0	.00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0	.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .

LEV A-INTERMEDIATE

LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

0

0

0

0

0

0

0

0

0

0

LEV B-REHAB MD

LEV B-REGULAR

ICF DDH

ICF DD

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000

.000

.000

.000 \$

.00

.00

.00

.00

.00

.00

.00

.00

.00 \$

.00

.00

.00

.00

.00

.00

.00

.00

.00

ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXP	ENDITUR	ES MON	TH-OF-PAYMENT RE	PORT	FOR JAN 2	2004 THRU	DEC :	2004	PAG	SE 14,324
WOLLELL DELI OL HELLETH CERT	THEFT OTTE CETTLE											
MOP024	FEE-FOR-SERVICE/DE			1101								03/14/05
" -		ENTAL			ERAL NUTRITION		AID CODES					
MOP024	FEE-FOR-SERVICE/DE	ENTAL										
MOP024	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE	ENTAL	TOTAL P.	ARENTE		j	AID CODES	73	CHTNC		GE	03/14/05
MOP024 SHASTA COUNTY	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	ENTAL ES FOR	TOTAL P.	ARENTE	ERAL NUTRITION	AVE	AID CODES	73 M	CHTNC	LY AVERA	GE CC	03/14/05
MOP024 SHASTA COUNTY	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	ENTAL ES FOR NITS OF	TOTAL P.	ARENTE	ERAL NUTRITION	AVE	AID CODES	73 M UNITS/DAY	ONTH:	LY AVERAO	GE CC	03/14/05 OST PER
MOP024 SHASTA COUNTY 00 ELIGIBLES	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	ENTAL ES FOR NITS OF	TOTAL P.	ARENTE	ERAL NUTRITION EXPENDITURES	AVE	AID CODES RAGE COST UNIT/DAY	73 M UNITS/DAY PER ELIG	ONTH:	LY AVERA OST PER USER	GE CC EI	03/14/05 OST PER LIGIBLE
MOP024 SHASTA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	ENTAL ES FOR NITS OF	TOTAL P.	ARENTE	ERAL NUTRITION EXPENDITURES .00	AVE	AID CODES RAGE COST UNIT/DAY .00	73 M UNITS/DAY PER ELIG .000	ONTH:	LY AVERAGOST PERUSER.00	GE CC EI	03/14/05 OST PER LIGIBLE
MOP024 SHASTA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	ENTAL ES FOR NITS OF	TOTAL P.	ARENTE	ERAL NUTRITION EXPENDITURES .00 .00	AVE	AID CODES RAGE COST UNIT/DAY .00 .00	73 M UNITS/DAY PER ELIG .000 .000	ONTH:	LY AVERAGOST PER USER .00 .00	GE CC EI	03/14/05 DST PER LIGIBLE .00 .00
MOP024 SHASTA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	ENTAL ES FOR NITS OF	TOTAL P.	ARENTE	ERAL NUTRITION EXPENDITURES .00 .00 .00	AVE	AID CODES RAGE COST UNIT/DAY .00 .00 .00	73 M UNITS/DAY. PER ELIG .000 .000	ONTH:	LY AVERAGOST PER USER .00 .00	GE CC EI	03/14/05 DST PER JIGIBLE .00 .00 .00
MOP024 SHASTA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	ENTAL ES FOR NITS OF	TOTAL P.	ARENTE	ERAL NUTRITION EXPENDITURES .00 .00 .00 .00	AVE	AID CODES RAGE COST UNIT/DAY .00 .00 .00 .00	73 M UNITS/DAY. PER ELIG .000 .000 .000	ONTH:	LY AVERAGE OST PER USER .00 .00 .00	GE CC EI	03/14/05 DST PER JIGIBLE .00 .00 .00 .00
MOP024 SHASTA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	ENTAL ES FOR NITS OF	TOTAL P.	ARENTE	ERAL NUTRITION EXPENDITURES .00 .00 .00 .00 .00	AVE	AID CODES RAGE COST UNIT/DAY .00 .00 .00 .00 .00	73 M UNITS/DAY PER ELIG .000 .000 .000 .000	ONTH:	LY AVERAGE OST PER USER .00 .00 .00 .00 .00	GE CC EI	03/14/05 DST PER JIGIBLE .00 .00 .00 .00
MOP024 SHASTA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	ENTAL ES FOR NITS OF	TOTAL P.	ARENTE	ERAL NUTRITION EXPENDITURES .00 .00 .00 .00 .00 .00	AVE	AID CODES RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	73 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	ONTH:	LY AVERAGE OST PER USER .00 .00 .00 .00 .00 .00	GE CC EI	03/14/05 DST PER LIGIBLE .00 .00 .00 .00 .00
MOP024 SHASTA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	ENTAL ES FOR NITS OF	TOTAL P.	ARENTE	ERAL NUTRITION EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AVE	AID CODES RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	73 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	ONTH:	LY AVERAGE OST PER USER .00 .00 .00 .00 .00 .00 .00	GE CC EI	03/14/05 DST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00
MOP024 SHASTA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	ENTAL ES FOR NITS OF	TOTAL P.	ARENTE	ERAL NUTRITION EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE	AID CODES RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	73 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	ONTH:	LY AVERAGE OST PER USER .00 .00 .00 .00 .00 .00 .00 .00	GE CC EI	03/14/05 DST PER DIGIBLE .00 .00 .00 .00 .00 .00 .00 .00

0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 .00 0 .00 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00	0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00	0 0 .00 .00 0	0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0	0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 <td< td=""><td>0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00</td></td<>	0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,325 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

.........

SHASTA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN	2004 THRU DEC	2004	PAGE 14,326
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05

SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

SHASTA COUNTY

ALL OTHER INPATIENT

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .00 \$.00 @OPTOMETRIST .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 EYE APPLIANCES 0 .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .00 \$ @CHIROPRACTOR .00 \$.00 .000 \$.00 .00 VISITS .00 .00 .000 .00 .00 .00 .000 .00 .00 OTHER SERVICES @PODIATRIST 0 .00 \$.00 .000 \$.00 \$.00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 SURGERY/ANES. 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 \$.00 .000 \$.00 \$.00 @HOME HEALTH AGENCY 0 NURSE ANESTHESIST .00 \$.00 .000 \$.00 \$.00 .00 NURSE MIDWIFE .00 \$.00 .000 \$.00 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 .00 .00 FAMILY NURSE PRACTITIONER .00 .00 .000 \$.00 .00 .00 .00 \$ @TOTAL HOSPITAL .00 .000 \$.00 HOSP INPATIENT TOTAL .00 .00 .00 .000 0 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .00 .000 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00

.00

.000

.00

.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	S MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	004 THRU DEC	2004	PAGE 14,327
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	IRCA ALIE	ENS AID C	CODES 51 52 56	57		
					MONT	HLY AVERAG	E

					MONT	'HLY AVERAGE	·
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00 \$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000		.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00 \$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
XO AND OTHERS	0	0		.00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00 \$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000		.00		.00
SURGICENTER	0	0		.00	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUF	RES MONTH-OF	-PAYMENT REPO	RT FOR JAN 2004	THRU	DEC 20	004	PAC	GE 14,328
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	IRCA AI	LIENS	AID COD	ES 51 52 56 57					

SHASTA COUNTY	SOUTHWILL OF SELV	VICES FOR INCA AL	TEINO	AID V	CODES 31 32 30	57		
						MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PE
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBL
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.0
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.0
BLOOD BANK	0	0		.00	.00	.000	.00	.0
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.0
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.0
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.0
OTHER TRANS	0	0		.00	.00	.000	.00	.0
OTHER SERVICES	0	0		.00	.00	.000	.00	.0
ACUPUNCTURE	0	0		.00	.00	.000	.00	.0
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.0
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.0
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	. (
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	. (
OPTICIAN	0	0		.00	.00	.000	.00	. (
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	. (
PORTABLE X-RAY	0	0		.00	.00	.000	.00	. (
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	. (
PROSTHETICS	0	0		.00	.00	.000	.00	. (
ORTHOTICS	0	0		.00	.00	.000	.00	. (
PSYCHOLOGIST	0	0		.00	.00	.000	.00	. (
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	. (
HOSPICE SERVICES	0	0		.00	.00	.000	.00	. (
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	. (
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	. (
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	. (
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	. (
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	. (
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	. (
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.0

0 \$.00 \$.00 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 14,329 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SHASTA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

					MONTHLY AVERAGE			
253 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	103	759 \$	56,341.00	\$ 74.23	3.000 \$	547.00	\$ 222.69	
@PHYSICIANS SERVICES	34	88 \$	6,675.79	\$ 75.86	.348 \$	196.35	\$ 26.39	
OUTPATIENT VISITS	9	11	573.50	52.14	.043	63.72	2.27	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	7	7	369.89	52.84	.028	52.84	1.46	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	2	4	203.61	50.90	.016	101.81	.80	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	11	34	1,722.39	50.66	.134	156.58	6.81	
HOSPITAL VISITS	11	33	1,614.75	48.93	.130	146.80	6.38	
CRITICAL CARE	1	1	107.64	107.64	.004	107.64	.43	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	6	15	3,413.74	227.58	.059	568.96	13.49	
PRINCIPAL SURGEON	6	6	3,044.56	507.43	.024	507.43	12.03	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	2	9	369.18	41.02	.036	184.59	1.46	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	

ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	16	26		904.30		34.78	.103	56.52		3.57
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	2	2		61.86		30.93	.008	30.93		.24
@PHARMACY	33	80	\$	3,303.71	\$	41.30	.316	\$ 100.11	\$	13.06
PRESCRIPTION DRUGS	32	70		2,775.72		39.65	.277	86.74		10.97
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	32	70		2,775.72		39.65	.277	86.74		10.97
MEDICAL SUPPLIES	4	10		527.99		52.80	.040	132.00		2.09
@DENTIST	3	6	\$	16.00	\$	2.67	.024	\$ 5.33	\$.06
VISITS - DIAGNOSTIC	3	6		16.00		2.67	.024	5.33		.06
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	JRES M	MONTH-OF-PAYMENT F	REPOR	RT FOR JAN	2004 THRU	DEC 2004	PF	AGE 14,330
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	MI/MN	ALIEN	WITHOUT SIS AID	CODE	55 58 5F				

SHASIA COUNTI	SUMMANT OF SER	VICES FOR	MIT / MIN WI	WIIIOOI SIS AID (JJ J0 J1					
							M	INC	CHLY AVERA	GE.	
253 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE		PER	. UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0	.00		.00	.000		.00		.00
EYE APPLIANCES	0		0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	.00		.00	.000		.00		.00
OTHER SERVICES	0		0	.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0	.00		.00	.000		.00		.00
SURGERY/ANES.	0		0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0	.00		.00	.000		.00		.00
OTHER	0		0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	4		5	\$ 195.38	\$	39.08	.020	\$	48.85	\$.77
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	57		505	\$ 43,222.93	\$	85.59	1.996	\$	758.30	\$	170.84
HOSP INPATIENT TOTAL	8		32	30 , 574.79		955.46	.126		3821.85		120.85
HSC HOSPITALS	0		0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	8		32	30,574.79		955.46	.126		3821.85		120.85
ACCOMMODATIONS	8		32	15,016.04		469.25	.126		1877.01		59.35

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	32	15,016.04	469.25	.126	1877.01	59.35
ANCILLARIES	8	0	15 , 558.75	.00	.000	1944.84	61.50
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	54	473	12,648.14	26.74	1.870	234.22	49.99
MEDICAL	3	4	103.13	25.78	.016	34.38	.41
SURGERY	10	15	454.68	30.31	.059	45.47	1.80
PATHOLOGY	31	97	1,290.60	13.31	.383	41.63	5.10
RADIOLOGY	14	16	1,048.66	65.54	.063	74.90	4.14
ROOM USE	41	97	3,285.57	33.87	.383	80.14	12.99
CROSSOVERS/ALL OTH OUTPINT	41	244	6,465.50	26.50	.964	157.70	25.56
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0					
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	O	.00	.00	.000	.00	.00
" -		ES AND EXPENDITURES MO	ONTH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU DEC	3 2004	PAGE 14,331
MOP024	FEE-FOR-SERVICE						03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR MI/MN ALIEN	WITHOUT SIS AID	CODE 55 58 5F			
0.50					MON'		
253 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	57	505 \$	43,222.93	\$ 85.59	1.996 \$		\$ 170.84
COMM HOSP INPATIENT TOTAL	8	32	30,574.79	955.46	.126	3821.85	120.85
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	8	32	30 , 574.79	955.46	.126	3821.85	120.85
ACCOMMODATIONS	8	32	15,016.04	469.25	.126	1877.01	59.35
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
			4 = 04 4 0 4				

15,016.04

15,558.75

12,648.14

103.13

1,290.60

1,048.66

3,285.57

6,465.50

.00 \$

454.68

.00

.00

469.25

.00

.00

.00

26.74

25.78

30.31

13.31

65.54

33.87

26.50

.00

.126

.000

.000

.000

.016

.059

.383

.063

.383

.964

.000 \$

1.870

1877.01

1944.84

234.22

34.38

45.47

41.63

74.90

80.14

.00 \$

157.70

.00

.00

59.35 61.50

.00

.00

49.99

.41

1.80

5.10

4.14

12.99

25.56

.00

32

0

0

0

473

15

97

16

97

244

0

0

54

3

10

31

14

41

41

0

ALL OTHER ACCOM

INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

CROSSOVERS/ALL OTH OUTPINT

ALL OTHER INPATIENT

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

ROOM USE

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	•	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	Û	\$.00	\$.00	.000	Ś	.00	\$.00
ICF DDH	0	0	۲	.00	Y	.00	.000	7	.00	Ψ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	Ÿ	.00	Ÿ	.00	.000	Y	.00	Ÿ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	Ś	.00	.000	Ś		Ś	.00
HOSPITAL BASED	0	0	۲	.00	Ą	.00	.000	۲	.00	ې	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	22	57	\$	952.47	\$	16.71	.225	\$	43.29	ċ	3.76
-	22	57 57	Ą	952.47	Ą	16.71	.225	Ą	43.29	Ą	3.76
PATHOLOGY	0					.00			.00		
XO AND OTHERS	11	0	Ċ	.00	Ċ		.000	Ċ		<u>_</u>	.00
@ORGANIZED OUTPATIENT CLINIC	0	13	\$	1,449.72	\$	111.52	.051	\$	131.79	\$	5.73
CLINIC	•	0		.00		.00	.000		.00		.00
SURGICENTER	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	11	13		1,449.72		111.52	.051		131.79	_	5.73
#CALIF DEPT OF HEALTH SERV			RES M	MONTH-OF-PAYMENT F	REPORT	' FOR JAN 2	2004 THRU	DEC	2004	Ρ.	AGE 14,332
MOP024	FEE-FOR-SERVICE/				~~~	F					03/14/05
SHASTA COUNTY	SUMMARY OF SERVI	CES FOR MI/MN.	ALIEN	WITHOUT SIS AID	CODE	55 58 5F				~-	
050			_						HLY AVERA		
253 ELIGIBLES	USERS	JNITS OF SERVIC		EXPENDITURES		CRAGE COST			COST PER		COST PER
0.1.1. 0.5.150 DD0111DDD0	-	OR DAYS OF CAR		505 00		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	5	5	\$	525.00	\$	105.00	.020	Ş		\$	2.08
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	U	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
3 GUDUNGHUDH	^	^		0.0		0.0	000		0.0		0.0

253 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	5 \$	525.00	\$ 105.00	.020 \$	105.00	\$ 2.08
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	5	5	525.00	105.00	.020	105.00	2.08
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{0*} Totals in these lines are given as a separate information item only;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,333 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A ----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 170 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 243 @TOTAL, ALL PROVIDERS 55 13,988.97 \$ 57.57 1.429 \$ 254.34 \$ 82.29 @PHYSICIANS SERVICES 12 3.81 17 648.22 38.13 .100 \$ 54.02 \$ 9 415.75 46.19 OUTPATIENT VISITS 10 41.58 .059 2.45 OFFICE VISITS 5 169.00 33.80 .029 33.80 .99 HOME VISITS .00 .00 .000 .00 .00 246.75 EMERGENCY ROOM 49.35 .029 61.69 1.45 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI .000 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 .00 .00 INPATIENT VISITS .000 .00 .00 .00 .00 HOSPITAL VISITS .000 .00 .00 .00 .00 .000 .00 CRITICAL CARE .00 .00 .00 SNF/ICF/TRANS IP CARE .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 .00 .00 EXAMINATIONS .00 .000 .00 .00 .00 .00 SERVICES AND MATERIALS .000 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 ASSISTANT SURGEON ANESTHESIOLOGIST .00 .00 .000 .00 .00 69.02 OUTPATIENT SURGERY 69.02 .006 69.02 . 41 69.02 69.02 .006 69.02 .41 PRINCIPAL SURGEON .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 ANESTHESIOLOGIST .00 .000 .00 .00 .00 .00 .000 .00 DIALYSIS .00 PATHOLOGY .00 .000 .00 .00 37.49 RADIOLOGY 112.48 .018 37.49 .66 .00 .00 .000 .00 IMMUNIZATION AND INJECTION 13.76 13.76 .006 13.76 .08 OTHER SERVICES/ALL X-OVERS 37.21 18.61 .012 37.21 .22 @PHARMACY 7,713.75 94.07 .482 \$ 257.13 \$ 30 82 7,713.75 94.07 .482 257.13 PRESCRIPTION DRUGS 45.38 0 .00 .00 .000 .00 . 00 SNF/ICF 30 7,713.75 94.07 .482 257.13 OUTPATIENTS 45.38 0 .00 .000 .00 MEDICAL SUPPLIES .00 .00 @ DENTIST 39 1,607.00 41.21 .229 \$ 178.56 \$ 9.45 20.20 .118 57.71 2.38 404.00 VISITS - DIAGNOSTIC 6 383.00 63.83 .035 127.67 ORAL SURGERY 2.25 30.00 15.00 .012 30.00 DRUGS .18 ANESTHESIA 100.00 100.00 .006 100.00

PERIODONTICS	2		2		236.00	118.00	.012		118.00		1.39
ENDODONTICS	0		0		.00	.00	.000		.00		.00
RESTORATIVE DENTISTRY	3		8		454.00	56.75	.047		151.33		2.67
PROSTHETICS	0		0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00	.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXP	ENDITURE	S MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU I	DEC	2004	PA	GE 14,334
MOP024	FEE-FOR-SERVICE/	DENTAL									03/14/05
SHASTA COUNTY	SUMMARY OF SERVI	CES FOR	REFUGEES		AID C	ODES 01 02 08	0A				
							MC	HTNC	LY AVERA	GE -	
170 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S C	OST PER	C	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@OPTOMETRIST	1		4	\$	90.30	\$ 22.58	.024	\$	90.30	\$.53
DIAGNOSTIC AND ANC. PROCED	1		1		47.45	47.45	.006		47.45		.28
EYE APPLIANCES	1		3		42.85	14.28	.018		42.85		.25
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00	.00	.000		.00		.00
OTHER SERVICES	0		0		.00	.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00	.00	.000		.00		.00
SURGERY/ANES.	0		0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00	.00	.000		.00		.00
OTHER	0		0		.00	.00	.000		.00		.00
00.45	0		^	<u>^</u>	0.0	ć 0.0	000	<u>~</u>	0.0	<u>~</u>	0.0

.00 \$

.00 \$

.00 \$

.00 \$

.00

.00

.00

.00

.000 \$

.000 \$

.000 \$

.000 \$

.00

.00

.00

.00

.00 \$

.00 \$

.00 \$

.00 \$

0 \$ 0 \$ 0 \$ 0 \$

0

0

0

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	5	11 \$	208.37	\$ 18.94	.065 \$	41.67	\$ 1.23
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	Ô	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0					
ANCILLARIES	U	_	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	11	208.37	18.94	.065	41.67	1.23
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	11.10	11.10	.006	11.10	.07
PATHOLOGY	1	1	4.64	4.64	.006	4.64	.03
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	5	5	160.05	32.01	.029	32.01	.94
CROSSOVERS/ALL OTH OUTPINT	3	4	32.58	8.15	.024	10.86	.19
@COUNTY HOSPITAL TOTAL	0	0 \$		\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	Ō.	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES					
MOP024	FEE-FOR-SERVICE		THORITI OF THEFT	CDIOICI IOIC OIIIV	2001 IIIKO DE	10 2001	03/14/05
SHASTA COUNTY		VICES FOR REFUGEES	AID	CODES 01 02 08	Ω		03/14/03
SHASTA COUNTI	DOMMANT OF DER	VICES FOR REFUGEES	AID	CODES OF 02 00	MON	יייודע איידף או	TF
170 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
170 EDIGIDEES	OSEKS	OR DAYS OF CARE	EXFERDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	E	OR DAIS OF CARE	208.37	\$ 18.94	.065 \$		
	0	•		•			
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	11	208.37	18.94	.065	41.67	1.23
MEDICAL	0	0	.00	.00	.000	.00	.00
·	3	· ·	.00	• 0 0		• • • •	• • •

SURGERY	1	1		11.10		11.10	.006		11.10		.07
PATHOLOGY	1	1		4.64		4.64	.006		4.64		.03
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	5	5		160.05		32.01	.029		32.01		.94
CROSSOVERS/ALL OTH OUTPINT	3	4		32.58		8.15	.024		10.86		.19
	3	0	<u>~</u>		Ċ			Ċ		ċ	
@STATE HOSPITAL	U	•	\$.00	\$.00	.000	Ş	.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	Ś	.00	.000	ċ	.00	\$.00
	0	•	Þ		Ş			Þ		Ş	
ICF DDH	U	0		.00		.00	.000		.00		.00
ICF DD	O	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	Ô	0	т.	.00	т	.00	.000	-	.00	т.	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	34	\$	420.56	Ś	12.37	.200	ċ	60.08	Ś	2.47
-	7		Ą		Ą			Ą		Ş	
PATHOLOGY	/	34		420.56		12.37	.200		60.08		2.47
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	22	49	\$	3,140.10	\$	64.08	.288	\$		\$	18.47
CLINIC	1	28		538.44		19.23	.165		538.44		3.17
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	21	21		2,601.66		123.89	.124		123.89		15.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES I	MONTH-OF-PAYMENT F	REPORT			DEC		P.	AGE 14,336
MOP024	FEE-FOR-SERVICE			1011111 01 1111111111111111111111111111	01.1	1011 01111 .	2001 111110	220	2001		03/14/05
SHASTA COUNTY		ICES FOR REFUGEE	C	7 T D	CODES	01 02 08	0.7\				03/11/03
SHASTA COUNTY	SOMMAKI OF SERV	ICES FOR REFUGEE	S	AID	CODES	01 02 00		#ONTH!	HLY AVERA	CE.	
170 ELICIPIES	HCEDC	INTEG OF CEDITOR		EVDENDIBLIDEC	70 7 7 7777	DACE COCE					COST PER
170 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST			COST PER		
		OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	2	7	\$	160.67	\$	22.95	.041	Ş	80.34	\$. 95
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	Ö	0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		.00
ACUPUNCTURE	0	0				.00					.00
ADULT DAY HEALTH CARE CTR				.00		.00	.000		.00		
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	2	4		38.54		9.64	.024		19.27		.23
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
	-	-									

.00
.00
.00
.72
.00
.00
.00
.00
.00
.00
.00
.00
.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,337 FEE-FOR-SERVICE/DENTAL

03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES OM ON OP

SHASIA COUNTI	SUMMARI OF SER	VICES FOR BCCIF-FEDERAL	A.	ID CODES ON ON			
					MON		GE
418 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	531	7 , 951 \$	664,550.44	\$ 83.58	19.022 \$		\$ 1589.83
@PHYSICIANS SERVICES	282	2,492 \$	210,315.22	\$ 84.40	5.962 \$		
OUTPATIENT VISITS	162	254	9,164.41	36.08	.608	56.57	21.92
OFFICE VISITS	141	220	7,433.33	33.79	.526	52.72	17.78
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	20	22	1,543.16	70.14	.053	77.16	3.69
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	11	12	187.92	15.66	.029	17.08	.45
INPATIENT VISITS	12	26	1,526.80	58.72	.062	127.23	3.65
HOSPITAL VISITS	12	21	1,044.20	49.72	.050	87.02	2.50
CRITICAL CARE	3	5	482.60	96.52	.012	160.87	1.15
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.002	46.44	.11
EXAMINATIONS	1	1	46.44	46.44	.002	46.44	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	19	82	8,620.85	105.13	.196	453.73	20.62
PRINCIPAL SURGEON	13	13	7,371.91	567.07	.031	567.07	17.64
ASSISTANT SURGEON	4	4	626.77	156.69	.010	156.69	1.50
ANESTHESIOLOGIST	4	65	622.17	9.57	.156	155.54	1.49
OUTPATIENT SURGERY	56	663	15,108.86	22.79	1.586	269.80	36.15
PRINCIPAL SURGEON	49	85	13,791.19	162.25	.203	281.45	32.99
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	578	1,317.67	2.28	1.383	146.41	3.15
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	33	59	502.11	8.51	.141	15.22	1.20
RADIOLOGY	127	386	34,880.41	90.36	.923	274.65	83.45
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	40	884	135,984.48	153.83	2.115	3399.61	325.32
OTHER SERVICES/ALL X-OVERS	73	137	4,480.86	32.71	.328	61.38	10.72
@PHARMACY	349	1 , 878 \$	210,761.07	\$ 112.23	4.493 \$	603.90	\$ 504.21
PRESCRIPTION DRUGS	343	1,505	209,594.92	139.27	3.600	611.06	501.42
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	343	1,505	209,594.92	139.27	3.600	611.06	501.42

MEDICAL SUPPLIES	33	373	1,166.15	3.13	.892	35.34	2.79
@DENTIST	18	109 \$	5,723.00	\$ 52.50	.261 \$	317.94	\$ 13.69
VISITS - DIAGNOSTIC	15	62	937.00	15.11	.148	62.47	2.24
ORAL SURGERY	3	18	986.00	54.78	.043	328.67	2.36
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.005	100.00	.48
PERIODONTICS	1	1	118.00	118.00	.002	118.00	.28
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	22	1,732.00	78.73	.053	346.40	4.14
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	4	1,750.00	437.50	.010	875.00	4.19
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES MONT	H-OF-PAYMENT RE	PORT FOR JAN	2004 THRU DE	C 2004	PAGE 14,338
MOP024	FEE-FOR-SERVICE/DEN	NTAL					03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES	S FOR BCCTP-FEDERAL	AI	D CODES OM ON	0 P		
					MON	THLY AVERA	GE
418 ELIGIBLES		ITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		R DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	10	30 \$	756.58	\$ 25.22	.072 \$		
DIAGNOSTIC AND ANC. PROCED	9	10	418.60	41.86	.024	46.51	1.00
EYE APPLIANCES	7	19	326.57	17.19	.045	46.65	.78
OTHER OPTOMETRIC SERVICES	1	1	11.41	11.41	.002	11.41	.03
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		\$.00
7/TCTTC	<u> </u>	\cap	0.0	\cap	$\cap \cap \cap$	\cap	$\cap \cap$

418 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	10	30	\$ 756.58	\$ 25.22	.072	\$ 75.66	\$ 1.81
DIAGNOSTIC AND ANC. PROCED	9	10	418.60	41.86	.024	46.51	1.00
EYE APPLIANCES	7	19	326.57	17.19	.045	46.65	.78
OTHER OPTOMETRIC SERVICES	1	1	11.41	11.41	.002	11.41	.03
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	10	57	\$ 4,201.80	\$ 73.72	.136	\$ 420.18	\$ 10.05
NURSE ANESTHESIST	1	7	\$ 125.85	\$ 17.98	.017	\$ 125.85	\$.30
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	6	14	\$ 235.70	\$ 16.84	.033	\$ 39.28	\$.56
@TOTAL HOSPITAL	115	1,040	\$ 176,033.82	\$ 169.26	2.488	\$ 1530.73	\$ 421.13
HOSP INPATIENT TOTAL	19	52	135,500.07	2605.77	.124	7131.58	324.16
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	17	52	133,334.58	2564.13	.124	7843.21	318.98
ACCOMMODATIONS	17	52	24,702.03	475.04	.124	1453.06	59.10
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	17	52	24,702.03	475.04	.124	1453.06	59.10
ANCILLARIES	17	0	108,632.55	.00	.000	6390.15	259.89
INPATIENT CROSSOVERS	2	0	2,165.49	.00	.000	1082.75	5.18
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	102	988	40,533.75	41.03	2.364	397.39	96.97
MEDICAL	61	153	5,571.83	36.42	.366	91.34	13.33
SURGERY	26	30	1,422.20	47.41	.072	54.70	3.40
PATHOLOGY	48	196	2,436.22	12.43	.469	50.75	5.83
RADIOLOGY	26	84	5,907.03	70.32	.201	227.19	14.13
ROOM USE	53	70	2,636.18	37.66	.167	49.74	6.31
			,				

CROSSOVERS/ALL OTH OUTPINT	60	455	22,560.29	49.58	1.089	376.00	53.97
@COUNTY HOSPITAL TOTAL	5	19 \$	592.17		.045 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	19	592.17	31.17	.045	118.43	1.42
MEDICAL	4	5	201.09	40.22	.012	50.27	.48
SURGERY	1	1	13.26	13.26	.002	13.26	.03
PATHOLOGY	1	5	46.08	9.22	.012	46.08	.11
RADIOLOGY	1	2	118.02	59.01	.005	118.02	.28
ROOM USE	5	6	213.72	35.62	.014	42.74	.51
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MON	TH-OF-PAYMENT RI	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 14,339
MOP024	FEE-FOR-SERVICE/DE	ENTAL					03/14/05
SHASTA COUNTY	SUMMARY OF SERVICE	ES FOR BCCTP-FEDERAL	A.	ID CODES OM ON	0 P		
					MON	THLY AVERA	GE
418 ELIGIBLES		NITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	111	1,021 \$	175 , 441.65	·	2.443 \$		
COMM HOSP INPATIENT TOTAL	19	52	135,500.07		.124	7131.58	324.16
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	17	52	133,334.58		.124	7843.21	318.98
ACCOMMODATIONS	17	52	24,702.03	475.04	.124	1453.06	59.10
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	17	52		24,702.03		475.04	.124		1453.06		59.10
ANCILLARIES	17	0		108,632.55		.00	.000		6390.15		259.89
INPATIENT CROSSOVERS	2	0		2,165.49		.00	.000		1082.75		5.18
ALL OTHER INPATTENT	0	0		.00		.00 41.22	.000		.00		.00
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	98 57	969		39,941.58			2.318		407.57		95.55
	25	148		5,370.74		36.29	.354		94.22		12.85
SURGERY	25 47	29		1,408.94		48.58	.069		56.36		3.37
PATHOLOGY	4 / 25	191 82		2,390.14		12.51 70.60	.457		50.85		5.72
RADIOLOGY	49	82 64		5,789.01			.196 .153		231.56 49.44		13.85 5.80
ROOM USE CROSSOVERS/ALL OTH OUTPTNT		455		2,422.46 22,560.29		37.85 49.58	1.089		376.00		53.97
@STATE HOSPITAL	0	455	\$		\$.00	.000	ć		ċ	.00
MENTALLY ILL	0	0	Ş	.00	ş	.00	.000	Ą	.00	Ą	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	¢	.00	Ċ	.00
LEV A-INTERMEDIATE	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
LEV B SOBACOTE PRESTANDING	0	0		.00		.00	.000		.00		.00
LEV B SOBACOTE HISTEL BASED	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	0	0		.00		.00	.000		.00		.00
GINTERMEDIATE CARE FACIL -DD	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
TOF DDH	0	0	۲	.00	Υ	.00	.000	Ψ	.00	7	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	т	.00	-	.00	.000	т.	.00	т.	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	108	446	\$	10,757.46	\$	24.12	1.067	\$	99.61	\$	25.74
PATHOLOGY	108	446		10,757.46	·	24.12	1.067		99.61		25.74
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	162	353	\$	39,471.03	\$	111.82	.844	\$	243.65	\$	94.43
CLINIC	6	24		670.96		27.96	.057		111.83		1.61
SURGICENTER	15	72		2,876.96		39.96	.172		191.80		6.88
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	151	257		35,923.11		139.78	.615		237.90		85.94
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDIT	JRES MON	NTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PA	AGE 14,340
MOP024	FEE-FOR-SERVICE/	DENTAL									03/14/05
SHASTA COUNTY	SUMMARY OF SERVI	CES FOR BCCTP-	-FEDERAI	L A	ID CO	DES OM ON					
							M			GE -	
418 ELIGIBLES	USERS	UNITS OF SERVIO		EXPENDITURES							COST PER
		OR DAYS OF CAR				. UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	48 4	1,525	\$	6,168.91	\$		3.648				14.76
DURABLE MED. EQUIP.	4	15		1,382.17			.036				
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	6	106		999.91		9.43	.254		166.65		2.39
AMBULANCES/AIR TRANS	6	105		990.03		9.43	.251		165.01		2.37
OTHER TRANS	U	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	1		9.88		9.88	.002		9.88		.02
ACUPUNCTURE	U	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	U	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	1	1		105.00		105.00	.002		105.00		.25

OCCUPATIONAL THERAPIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST 12 116 1,738.95 14.99 .278 144.91 4.16 PORTABLE X-RAY 0 0 .00 <	OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY 0 0 0 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS 9 18 1,258.24 69.90 .043 139.80 3.01 PROSTHETICS 9 18 1,258.24 69.90 .043 139.80 3.01 ORTHOTICS 0 0 .00 .00 .00 .00 .00 .00 PSYCHOLOGIST 0 0 .00	OPTICIAN	11	25	358.79	14.35	.060	32.62	.86
PROSTHETIST/ORTHOTISTS 9 18 1,258.24 69.90 .043 139.80 3.01 PROSTHETICS 9 18 1,258.24 69.90 .043 139.80 3.01 ORTHOTICS 0 0 .00 .00 .00 .00 .00 .00 PSYCHOLOGIST 0 0 .00	PHYSICAL THERAPIST	12	116	1,738.95	14.99	.278	144.91	4.16
PROSTHETICS 9 18 1,258.24 69.90 .043 139.80 3.01 ORTHOTICS 0 0 0 .00 .00 .00 .00 .00 PSYCHOLOGIST 0 0 0 .00	PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
ORTHOTICS 0 0 .00 </td <td>PROSTHETIST/ORTHOTISTS</td> <td>9</td> <td>18</td> <td>1,258.24</td> <td>69.90</td> <td>.043</td> <td>139.80</td> <td>3.01</td>	PROSTHETIST/ORTHOTISTS	9	18	1,258.24	69.90	.043	139.80	3.01
PSYCHOLOGIST 0 0 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY 0 0 .00 .00 .00 .00 .00 .00 HOSPICE SERVICES 0 0 .00 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 .00	PROSTHETICS	9	18	1,258.24	69.90	.043	139.80	3.01
SPEECH AND AUDIOLOGY 0 0 .00	ORTHOTICS	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES 0 0 .00 <t< td=""><td>PSYCHOLOGIST</td><td>0</td><td>0</td><td>.00</td><td>.00</td><td>.000</td><td>.00</td><td>.00</td></t<>	PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS 0 0 .00	SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES 0 0 .00	HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .	NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT. 0 0 .00<	LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS 8 1,244 325.85 .26 2.976 40.73 .78 @CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00 \$.00	EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS 8 1,244 325.85 .26 2.976 40.73 .78 @CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00 \$.00	RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00	PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
	ALL OTHER PROVIDERS	8	1,244	325.85	.26	2.976	40.73	.78
@XOVER EXCLUDING STATE HOSP** 25 115 \$ 4,743.76 \$ 41.25 .275 \$ 189.75 \$ 11.35	@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
	@XOVER EXCLUDING STATE HOSP**	25	115	\$ 4,743.76	\$ 41.25	.275	\$ 189.75	\$ 11.35

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,341
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

----- MONTHLY AVERAGE -----93 ELIGIBLES USERS EXPENDITURES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 104 13.054 \$ 443.91 \$ 496.42 @TOTAL, ALL PROVIDERS 1,214 46,167.06 \$ 38.03 21,282.72 \$ @PHYSICIANS SERVICES 51 640 33.25 6.882 \$ 417.31 \$ 228.85 25 38 31.86 OUTPATIENT VISITS 796.50 20.96 .409 20 .00 19.68 28.53 OFFICE VISITS 570.66 .312 6.14 .00 HOME VISITS 0 0 .000 .00 .00 .00 EMERGENCY ROOM .00 .000 .00 .00 .00 .00 PREVENTIVE CARE .000 .00 OB VISITS/COMPRE PERI .00 .000 .00 .00 5 225.84 OTHER OUTPATIENT 25.09 .097 45.17 2.43 142.86 428.57 53.57 .086 INPATIENT VISITS 142.86 HOSPITAL VISITS 428.57 53.57 .086 4.61 .00 CRITICAL CARE .00 .000 .00 .00 .00 .000 .00 SNF/ICF/TRANS IP CARE .00 .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 EXAMINATIONS .000 .00 .00 .00 SERVICES AND MATERIALS .00 .000 .00 .00 1,022.71 340.90 INPATIENT HOSPITAL SURGERY .032 511.36 11.00 443.97 887.94 .022 443.97 PRINCIPAL SURGEON 134.77 134.77 .011 134.77 ASSISTANT SURGEON ANESTHESIOLOGIST 0 .00 .00 .000 .00 .00 OUTPATIENT SURGERY 17 1,050.02 61.77 210.00 .183 11.29 804.56 201.14 201.14 8.65 PRINCIPAL SURGEON .043 .00 .00 ASSISTANT SURGEON 0 .00 .000 .00 13 245.46 18.88 245.46 2.64 ANESTHESIOLOGIST .140 .00 .00 .00 .000 .00 DIALYSIS 5 7 .61 PATHOLOGY 56.69 8.10 .075 11.34 25 2,828.87 217.61 RADIOLOGY 13 113.15 .269 30.42 PSYCHIATRY .00 .000 .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	4	6	9,512.85	1585.48	.065	2378.21	102.29
OTHER SERVICES/ALL X-OVERS	17	536	5,586.51	10.42	5.763	328.62	60.07
@PHARMACY	58	155 \$	7,250.65	\$ 46.78	1.667	125.01	\$ 77.96
PRESCRIPTION DRUGS	58	146	6,976.48	47.78	1.570	120.28	75.02
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	58	146	6,976.48	47.78	1.570	120.28	75.02
MEDICAL SUPPLIES	3	9	274.17	30.46	.097	91.39	2.95
@DENTIST	0	0 \$.00	\$.00	.000	.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	EC 2004	PAGE 14,342
MOP024	FEE-FOR-SERVICE/DENTA	ΔL					03/14/05

SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

SHASTA COUNTY

----- MONTHLY AVERAGE -----93 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2 55.46 \$ 27.73 .022 \$ 55.46 \$ @OPTOMETRIST 1 .60 .00 .00 55.46 .00 .00 DIAGNOSTIC AND ANC. PROCED 0 .000 .00 .00 0 .00 EYE APPLIANCES .000 .00 55.46 27.73 55.46 OTHER OPTOMETRIC SERVICES .022 .60 .00 \$.00 .00 \$ @CHIROPRACTOR .000 \$.00 .00 .00 VISITS .00 .000 .00 .00 .000 .00 .00 OTHER SERVICES @PODIATRIST 0 .00 \$.00 .000 \$.00 \$.00 .00 .00 MEDICINE/INJECTIONS .000 .00 .00 .00 .00 .000 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER .00 .00 .000 .00 .00 .00 \$.00 .00 \$.000 \$ @HOME HEALTH AGENCY 0 .00 \$ NURSE ANESTHESIST .00 \$.00 .000 \$.00 0 .00 \$ NURSE MIDWIFE .00 \$.00 .000 \$.00 .00 .00 \$.00 \$ PEDIATRIC NURSE PRACTITIONER .000 \$ 0 0 FAMILY NURSE PRACTITIONER .00 \$.00 .000 \$.00 \$.00 387 @TOTAL HOSPITAL 15,607.82 40.33 4.161 \$ 678.60 \$ 167.83 HOSP INPATIENT TOTAL 13 7,603.48 584.88 .140 2534.49 4 960.00 3840.00 HSC HOSPITALS 3,840.00 .043 NON-HSC HOSPITAL TOTAL 9 3,763.48 418.16 .097 1881.74 196.44 884.00 ACCOMMODATIONS 1,768.00 .097 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 196.44 1,768.00 .097 884.00 19.01 ALL OTHER ACCOM 1,995.48 .00 997.74 21.46 ANCILLARIES .000 .00 .00 .00 INPATIENT CROSSOVERS .000 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	22	374		8,004.34	21.40	4.022	363.83	86.07
MEDICAL	6	18		674.64	37.48	.194	112.44	7.25
SURGERY	4	12		451.93	37.66	.129	112.98	4.86
PATHOLOGY	11	52		699.12	13.44	.559	63.56	7.52
RADIOLOGY	4	4		152.76	38.19	.043	38.19	1.64
ROOM USE	16	48		1,589.79	33.12	.516	99.36	17.09
CROSSOVERS/ALL OTH OUTPTNT	18	240		4,436.10	18.48	2.581	246.45	47.70
@COUNTY HOSPITAL TOTAL	6	71	\$	1,677.96	\$ 23.63	.763 \$	279.66	\$ 18.04
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	71		1,677.96	23.63	.763	279.66	18.04
MEDICAL	1	4		342.71	85.68	.043	342.71	3.69
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	4	26		270.97	10.42	.280	67.74	2.91
RADIOLOGY	1	1		26.98	26.98	.011	26.98	.29
ROOM USE	5	12		456.32	38.03	.129	91.26	4.91
CROSSOVERS/ALL OTH OUTPINT	3	28		580.98	20.75	.301	193.66	6.25
	MEDI-CAL SERVICES AND EX FEE-FOR-SERVICE/DENTAL	PENDITU	RES MONTH-	OF-PAYMENT REI	PORT FOR JAN	2004 THRU DE	EC 2004	PAGE 14,343 03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	BCCTP-	STATE-ONLY	AID CO	ODES OR OT O	U OV		
						MON	THLY AVERA	GE

						M	ONTHLY	AVER/	AGE	
93 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST	PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	US	ER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18	316 \$;	13,929.86	\$ 44.08	3.398	\$ 77	3.88	\$	149.78
COMM HOSP INPATIENT TOTAL	3	13		7,603.48	584.88	.140	253	4.49		81.76
HSC HOSPITALS	1	4		3,840.00	960.00	.043	384	0.00		41.29
NON-HSC HOSPITALS TOTAL	2	9		3,763.48	418.16	.097	188	1.74		40.47
ACCOMMODATIONS	2	9		1,768.00	196.44	.097	88	4.00		19.01
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	2	9		1,768.00	196.44	.097	88	4.00		19.01
ANCILLARIES	2	0		1,995.48	.00	.000	99	7.74		21.46
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	16	303		6,326.38	20.88	3.258	39	5.40		68.03
MEDICAL	5	14		331.93	23.71	.151	(6.39		3.57
SURGERY	4	12		451.93	37.66	.129	11	2.98		4.86
PATHOLOGY	7	26		428.15	16.47	.280	(1.16		4.60
RADIOLOGY	3	3		125.78	41.93	.032	4	1.93		1.35
ROOM USE	11	36		1,133.47	31.49	.387	1(3.04		12.19
CROSSOVERS/ALL OTH OUTPTNT	15	212		3,855.12	18.18	2.280	25	7.01		41.45
@STATE HOSPITAL	0	0 \$;	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		.00
@NURSING FACILITY	0	0 \$;	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	13	22	\$	1,361.32	\$	61.88	.237	\$	104.72	\$	14.64
PATHOLOGY	13	22		1,361.32		61.88	.237		104.72		14.64
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	3	\$	146.55	\$	48.85	.032	\$	146.55	\$	1.58
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	3		146.55		48.85	.032		146.55		1.58
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MONTH-	-OF-PAYMENT F	REPORT	FOR JAN 2	2004 THRU	DEC	2004	PP	AGE 14,344
MOP024	FEE-FOR-SERVICE/DENTAL	ı									03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FO	R BCCTP-S	TATE-ONLY	Z AID	CODES	0R 0T 0U	ΟV				
							M	ONT	HLY AVERA	GE -	
93 ELIGIBLES	USERS UNITS	OF SERVICE	E	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER	C	COST PER
	OR DA	YS OF CARE	ŀ		PER	UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	3	5	\$	462.54	\$	92.51		\$		\$	4.97
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.011	105.00	1.13
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	306.44	102.15	.032	306.44	3.30
PROSTHETICS	1	3	306.44	102.15	.032	306.44	3.30
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	51.10	51.10	.011	51.10	.55
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000		\$.00
@XOVER EXCLUDING STATE HOSP**	14	544	\$ 5,456.53	\$ 10.03	5.849	\$ 389.75	\$ 58.67

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,345
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

		MONTHLY AVERAGE								
511 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER	
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE	
@TOTAL, ALL PROVIDERS	635	9 , 165	\$	710,717.50	\$ 77.55	17.935	\$ 1119.24	\$	1390.84	
@PHYSICIANS SERVICES	333	3,132	\$	231,597.94	\$ 73.95	6.129	\$ 695.49	\$	453.22	
OUTPATIENT VISITS	187	292		9,960.91	34.11	.571	53.27		19.49	
OFFICE VISITS	161	249		8,003.99	32.14	.487	49.71		15.66	
HOME VISITS	0	0		.00	.00	.000	.00		.00	
EMERGENCY ROOM	20	22		1,543.16	70.14	.043	77.16		3.02	
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00	
OTHER OUTPATIENT	16	21		413.76	19.70	.041	25.86		.81	
INPATIENT VISITS	15	34		1,955.37	57.51	.067	130.36		3.83	
HOSPITAL VISITS	15	29		1,472.77	50.79	.057	98.18		2.88	
CRITICAL CARE	3	5		482.60	96.52	.010	160.87		.94	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00	
OPHTHALMOLOGICAL SERVICES	1	1		46.44	46.44	.002	46.44		.09	
EXAMINATIONS	1	1		46.44	46.44	.002	46.44		.09	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00	
INPATIENT HOSPITAL SURGERY	21	85		9,643.56	113.45	.166	459.22		18.87	
PRINCIPAL SURGEON	15	15		8,259.85	550.66	.029	550.66		16.16	
ASSISTANT SURGEON	5	5		761.54	152.31	.010	152.31		1.49	
ANESTHESIOLOGIST	4	65		622.17	9.57	.127	155.54		1.22	
OUTPATIENT SURGERY	61	680		16,158.88	23.76	1.331	264.90		31.62	
PRINCIPAL SURGEON	53	89		14,595.75	164.00	.174	275.39		28.56	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

0	0		.00		.00	.000		.00		.00
10	591		1,563.13		2.64	1.157		156.31		3.06
0	0		.00		.00	.000		.00		.00
38	66		558.80		8.47	.129		14.71		1.09
140	411		37,709.28		91.75	.804		269.35		73.80
0	0		.00		.00	.000		.00		.00
44	890		145,497.33		163.48	1.742		3306.76		284.73
90	673		10,067.37		14.96	1.317		111.86		19.70
407	2,033	\$	218,011.72	\$	107.24	3.978	\$	535.66	\$	426.64
401	1,651		216,571.40		131.18	3.231		540.08		423.82
0	0		.00		.00	.000		.00		.00
401	1,651		216,571.40		131.18	3.231		540.08		423.82
36	382		1,440.32		3.77	.748		40.01		2.82
18	109	\$	5,723.00	\$	52.50	.213	\$	317.94	\$	11.20
15	62		937.00		15.11	.121		62.47		1.83
3	18		986.00		54.78	.035		328.67		1.93
0	0		.00		.00	.000		.00		.00
2	2		200.00		100.00	.004		100.00		.39
1	1		118.00		118.00	.002		118.00		.23
0	0		.00		.00	.000		.00		.00
5	22		1,732.00		78.73	.043		346.40		3.39
0	0		.00		.00	.000		.00		.00
2	4		1,750.00		437.50	.008		875.00		3.42
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
		RES I	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	AGE 14,346
FEE-FOR-SERVICE/DENTA	L									03/14/05
	0 38 140 0 44 90 407 401 0 401 36 18 15 3 0 2 1 0 2 1 0 0 0 0	0 0 0 0 0 388 666 1440 4111 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10 591 1,563.13 0 0 0 .00 38 66 558.80 140 411 37,709.28 0 0 0 .00 44 890 145,497.33 90 673 10,067.37 407 2,033 \$ 218,011.72 401 1,651 216,571.40 0 0 .00 401 1,651 216,571.40 36 382 1,440.32 18 109 \$ 5,723.00 15 62 937.00 3 18 986.00 0 0 .00 2 2 2 2 200.00 1 1 1 1 118.00 0 0 0 .00 2 2 2 2 200.00 1 1 1 1 118.00 0 0 0 0 .00 0 0 0 0 .00 0 0 0 0 0 0	10 591 1,563.13 0 0 0 38 66 558.80 140 411 37,709.28 0 0 0 44 890 145,497.33 90 673 10,067.37 407 2,033 \$ 218,011.72 \$ 401 1,651 216,571.40 0 0 401 1,651 216,571.40 36 382 1,440.32 18 109 \$ 5,723.00 \$ 15 62 937.00 3 18 986.00 0 0 3 18 986.00 0 0 5 22 2 200.00 1 1 1 1 118.00 0 0 0 5 22 1,732.00 0 0 0 5 22 1,732.00 0 0 0 00 0 0 0 00 0 0 0 0 00 0 0 0 0	10 591 1,563.13 2.64 0 0 0 .00 .00 38 66 558.80 8.47 140 411 37,709.28 91.75 0 0 0 .00 .00 44 890 145,497.33 163.48 90 673 10,067.37 14.96 407 2,033 \$ 218,011.72 \$ 107.24 401 1,651 216,571.40 131.18 0 0 0 .00 .00 401 1,651 216,571.40 131.18 36 382 1,440.32 3.77 18 109 \$ 5,723.00 \$ 52.50 15 62 937.00 15.11 3 18 986.00 54.78 0 0 0 .00 .00 2 2 2 2 200.00 100.00 1 1 1 1 1 118.00 118.00 0 0 0 .00 .00 2 2 2 1,732.00 78.73 0 0 0 .00 5 22 4 1,732.00 78.73 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	10 591 1,563.13 2.64 1.157 0 0 0 .00 .00 .00 38 66 558.80 8.47 .129 140 411 37,709.28 91.75 884 0 0 0 .00 .00 .00 44 890 145,497.33 163.48 1.742 90 673 10,067.37 14.96 1.317 407 2,033 \$ 218,011.72 \$ 107.24 3.978 401 1,651 216,571.40 131.18 3.231 0 0 0 .00 .00 .00 401 1,651 216,571.40 131.18 3.231 36 382 1,440.32 3.77 .748 18 109 \$ 5,723.00 \$ 52.50 .213 15 62 937.00 15.11 .121 3 18 986.00 54.78 .035 0 0 0 .00 .00 .00 2 2 2 2 200.00 100.00 .00 2 2 2 1 1732.00 78.73 .043 0 0 0 .00 .00 5 22 1 1,732.00 78.73 .043 0 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0	10 591 1,563.13 2.64 1.157 0 0 0 0 .00 .00 .00 .000 38 66 558.80 8.47 .129 140 411 37,709.28 91.75 .804 0 0 0 .00 .00 .00 .000 44 890 145,497.33 163.48 1.742 90 673 10,067.37 14.96 1.317 407 2,033 \$ 218,011.72 \$ 107.24 3.978 \$ 401 1,651 216,571.40 131.18 3.231 0 0 0 .00 .00 .00 .00 401 1,651 216,571.40 131.18 3.231 36 382 1,440.32 3.77 .748 18 109 \$ 5,723.00 \$ 52.50 .213 \$ 15 62 937.00 \$ 15.11 .121 3 18 986.00 54.78 .035 0 0 0 .00 .00 .00 2 2 2 2 2 200.00 100.00 .00 2 2 2 2 1,732.00 \$ 50.00 .00 2 2 2 1 7,732.00 \$ 50.00 .00 2 2 2 1 7,732.00 \$ 50.00 .00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10 591	10 591 1,563.13 2.64 1.157 156.31 0 0 0 .00 .000 .000 .000 38 66 558.80 8.47 .129 14.71 140 411 37,709.28 91.75 .804 269.35 0 0 0 .00 .00 .000 .000 .000 .000 44 890 145,497.33 163.48 1.742 3306.76 90 673 10,067.37 14.96 1.317 111.86 407 2,033 \$ 218,011.72 \$ 107.24 3.978 \$ 535.66 \$ 401 1,651 216,571.40 131.18 3.231 540.08 0 0 .00 .00 .000 .000 .000 401 1,651 216,571.40 131.18 3.231 540.08 36 382 1,440.32 3.77 .748 40.01 18 109 \$ 5,723.00 \$ 52.50 .213 \$ 317.94 \$ 15 62 937.00 15.11 .121 62.47 3 15 62 937.00 15.11 .121 62.47 3 15 62 937.00 15.11 .121 62.47 3 18 986.00 54.78 .035 328.67 0 0 0 .00 .000 .000 .000 .000 .000 1 1 1 1

----- MONTHLY AVERAGE -----USERS 511 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 32 .063 \$ 1.59 @OPTOMETRIST 812.04 \$ 25.38 73.82 \$ 11 DIAGNOSTIC AND ANC. PROCED 9 10 418.60 41.86 .020 46.51 .82 EYE APPLIANCES 19 326.57 17.19 .037 46.65 .64 3 66.87 22.29 .006 33.44 .13 OTHER OPTOMETRIC SERVICES .00 \$ @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 .00 VISITS .00 .00 .000 .00 0 .00 .00 .00 .000 .00 OTHER SERVICES 0 @PODIATRIST .00 \$.00 .000 \$.00 \$.00 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 0 .00 .00 .00 SURGERY/ANES. .000 .00 RADIO./PATHOLOGY .00 .00 .000 .00 OTHER 0 .00 .00 .000 .00 .00 10 @HOME HEALTH AGENCY 57 4,201.80 \$ 73.72 .112 \$ 420.18 \$ NURSE ANESTHESIST 1 7 125.85 17.98 125.85 \$.014 \$ NURSE MIDWIFE 0 .00 .00 .000 \$.00 \$.00 .00 .00 \$.00 PEDIATRIC NURSE PRACTITIONER .00 .000 \$ FAMILY NURSE PRACTITIONER 6 235.70 .027 \$ 39.28 \$ 14 16.84 .46 @TOTAL HOSPITAL 138 1,427 191,641.64 134.30 2.793 \$ 1388.71 \$ 375.03 65 143,103.55 2201.59 .127 6504.71 280.05 HOSP INPATIENT TOTAL 1 3,840.00 960.00 .008 3840.00 7.51 HSC HOSPITALS 4 19 61 137,098.06 2247.51 7215.69 NON-HSC HOSPITAL TOTAL .119 268.29 ACCOMMODATIONS 19 26,470.03 433.93 .119 1393.16 51.80

SUMMARY OF SERVICES FOR BCCTP-TOTAL

SHASTA COUNTY

ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		2		0.0	0.0	0.00	0.0	0.0
ALL OTHER ACCOM ANCILLARIES 19 0 110,628.03 100 000 120,628.03 100 000 100,000 100,275 14.24 ALL OTHER NEATHENT CROSSOVERS 2 0 0 2,165.49 00 000 000 000 000 000 000 000 000 00								
ANCILLARIES		•	•					
THEATLENT CROSSOVERS								
ALL OTHER INPATIENT			· · · · · · · · · · · · · · · · · · ·					
HOSP OUTPATIENT TOTAL			•	•				
MEDICAL 67								
SUBGERY 30								
PATHOLOGY								
RADIOLOGY				-				
ROOM USE								
CROSSOVERS/ALL OTH OUTFITNT								
## COUNTY HOSPITAL TOTAL 11 90 \$ 2,270.13 \$ 25.22 .176 \$ 206.38 \$ 4.44 CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		* * *						
CO HOSPITAL INPATIENT TOTAL 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00								
HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00								
NON-HSC HOSPITALS TOTAL		-						
ACCOMMODATIONS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0						
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0					
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ACCOMMODATIONS	•	0					
ALL OTHER ACCOM ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADMINISTRATIVE DAYS	· ·		.00	.00		.00	
ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL 11 90 2,270.13 25.22 .176 206.38 4.44 MEDICAL 5 9 543.80 60.42 .018 108.76 1.06 SURGERY 1 1 1 13.26 13.26 .002 13.26 .03 PATHOLOGY 5 31 317.05 10.23 .061 63.41 .62 RADIOLOGY 2 2 3 145.00 48.33 .066 72.50 .28 ROOM USE 6 10 18 670.04 37.22 .035 67.00 1.31 CROSSOVERS/ALL OTH OUTPTNT 3 28 580.98 20.75 .055 193.66 1.14 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,347 MOP024 SHASTA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL SHASTA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL SUMMARY OF SERVICES FOR BCCTP-TOTAL GCOMMUNITY HOSPITAL TOTAL 129 1,337 \$ 189,371.51 \$ 141.64 2.616 \$ 1468.00 \$ 370.59 COMM HOSP INPATIENT TOTAL 12 4 3,840.00 960.00 .008 3840.00 7.51	INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
MEDICAL 5 9 543.80 60.42 .018 108.76 1.06 SURGERY 1 1 13.26 13.26 .002 13.26 .03 PATHOLOGY 5 31 317.05 10.23 .061 63.41 .62 RADIOLOGY 2 3 145.00 48.33 .006 72.50 .28 ROOM USE 10 18 670.04 37.22 .035 67.00 1.31 CROSSOVERS/ALL OTH OUTPTNT 3 28 580.98 20.75 .055 193.66 1.14 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,347 03/14/05 SHASTA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL SUMMARY OF SERVICES FOR BCCTP-TOTAL	ALL OTHER INPATIENT	0	· ·	.00	.00		.00	.00
SURGERY 1 1 1 13.26 13.26 .002 13.26 .03 PATHOLOGY 5 31 317.05 10.23 .061 63.41 .62 RADIOLOGY 2 3 145.00 48.33 .006 72.50 .28 ROOM USE 10 10 18 670.04 37.22 .035 67.00 1.31 CROSSOVERS/ALL OTH OUTPTNT 3 28 580.98 20.75 .055 193.66 1.14 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,347 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05 SHASTA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL 511 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE @COMMUNITY HOSPITAL TOTAL 129 1,337 \$ 189,371.51 \$ 141.64 2.616 \$ 1468.00 \$ 370.59 COMM HOSP INPATIENT TOTAL 122 65 143,103.55 2201.59 .127 6504.71 280.05 HSC HOSPITALS 1 4 3,840.00 960.00 .008 3840.00 7.51	CO HOSP OUTPATIENT TOTAL	11	90	2,270.13	25.22	.176	206.38	4.44
PATHOLOGY 5 31 317.05 10.23 .061 63.41 .62 RADIOLOGY 2 3 145.00 48.33 .006 72.50 .28 ROOM USE 10 18 670.04 37.22 .035 67.00 1.31 CROSSOVERS/ALL OTH OUTPTNT 3 28 580.98 20.75 .055 193.66 1.14 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,347 MOP024 FEE-FOR-SERVICE/DENTAL SHASTA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL 511 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE 6COMMUNITY HOSPITAL TOTAL 129 1,337 \$ 189,371.51 \$ 141.64 2.666 \$ 1468.00 \$ 370.59 \$ 180.05	MEDICAL	5	9	543.80	60.42	.018	108.76	1.06
RADIOLOGY 2 3 145.00 48.33 .006 72.50 .28 ROOM USE 10 18 670.04 37.22 .035 67.00 1.31 CROSSOVERS/ALL OTH OUTPINT 3 28 580.98 20.75 .055 193.66 1.14 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,347 MOPO 24 FEE-FOR-SERVICE/DENTAL SHASTA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL 511 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNITS/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 129 1,337 \$ 189,371.51 \$ 141.64 2.616 \$ 1468.00 \$ 370.59 COMM HOSP INPATIENT TOTAL 12 6504.71 280.05 HSC HOSPITALS 1 4 3,840.00 960.00 .008 3840.00 7.51	SURGERY	1	1	13.26	13.26	.002	13.26	.03
ROOM USE 10 18 670.04 37.22 .035 67.00 1.31 CROSSOVERS/ALL OTH OUTPTNT 3 28 580.98 20.75 .055 193.66 1.14 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,347 MOP024 SUMMARY OF SERVICES FOR BCCTP-TOTAL SUMMARY OF SERVICES FOR BCCTP-TOTAL SUMMARY OF SERVICES FOR BCCTP-TOTAL SUMMARY OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE GCOMMUNITY HOSPITAL TOTAL 129 1,337 \$ 189,371.51 \$ 141.64 2.616 \$ 1468.00 \$ 370.59 COMM HOSP INPATIENT TOTAL 122 65 143,103.55 2201.59 .127 6504.71 280.05 HSC HOSPITALS 1 4 3,840.00 960.00 .008 3840.00 7.51	PATHOLOGY		31	317.05	10.23	.061	63.41	.62
CROSSOVERS/ALL OTH OUTPTNT 3 28 580.98 20.75 .055 193.66 1.14 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,347 MOP024 FEE-FOR-SERVICE/DENTAL SHASTA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL 511 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 129 1,337 \$ 189,371.51 \$ 141.64 2.616 \$ 1468.00 \$ 370.59 COMM HOSP INPATIENT TOTAL 12 12 65 143,103.55 2201.59 .127 6504.71 280.05 HSC HOSPITALS 1 4 3,840.00 960.00 .008 3840.00 7.51	RADIOLOGY			145.00	48.33	.006	72.50	.28
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,347 MOP024 SHASTA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL SUMMARY OF SERVICES FOR BCCT	ROOM USE	10	18	670.04	37.22	.035	67.00	1.31
MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR BCCTP-TOTAL SHASTA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL 511 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE 6COMMUNITY HOSPITAL TOTAL 129 1,337 \$ 189,371.51 \$ 141.64 2.616 \$ 1468.00 \$ 370.59 COMM HOSP INPATIENT TOTAL 22 65 143,103.55 2201.59 .127 6504.71 280.05 HSC HOSPITALS 1 4 3,840.00 960.00 .008 3840.00 7.51	CROSSOVERS/ALL OTH OUTPTNT	3	28	580.98	20.75	.055	193.66	1.14
SHASTA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL 511 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE COMMUNITY HOSPITAL TOTAL 129 1,337 189,371.51 189,371.51 189,371.51 141.64 2.616 1468.00 370.59 143,103.55 2201.59 127 6504.71 280.05 HSC HOSPITALS 1 4 3,840.00 960.00 008 3840.00 7.51	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 14,347
MONTHLY AVERAGE 511 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE 0COMMUNITY HOSPITAL TOTAL 129 1,337 \$ 189,371.51 \$ 141.64 2.616 \$ 1468.00 \$ 370.59 COMM HOSP INPATIENT TOTAL 22 65 143,103.55 2201.59 .127 6504.71 280.05 HSC HOSPITALS 1 4 3,840.00 960.00 .008 3840.00 7.51	MOP024	FEE-FOR-SERVICE/	DENTAL					03/14/05
SILELIGIBLES	SHASTA COUNTY	SUMMARY OF SERVI	CES FOR BCCTP-TOT	AL				
OR DAYS OF CARE @COMMUNITY HOSPITAL TOTAL 129 1,337 \$ 189,371.51 \$ 141.64 2.616 \$ 1468.00 \$ 370.59 COMM HOSP INPATIENT TOTAL 22 65 HSC HOSPITALS 1 4 3,840.00 960.00 008 3840.00 7.51						MON	THLY AVERA	GE
@COMMUNITY HOSPITAL TOTAL 129 1,337 \$ 189,371.51 \$ 141.64 2.616 \$ 1468.00 \$ 370.59 COMM HOSP INPATIENT TOTAL 22 65 143,103.55 2201.59 .127 6504.71 280.05 HSC HOSPITALS 1 4 3,840.00 960.00 .008 3840.00 7.51	511 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
@COMMUNITY HOSPITAL TOTAL 129 1,337 \$ 189,371.51 \$ 141.64 2.616 \$ 1468.00 \$ 370.59 COMM HOSP INPATIENT TOTAL 22 65 143,103.55 2201.59 .127 6504.71 280.05 HSC HOSPITALS 1 4 3,840.00 960.00 .008 3840.00 7.51			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
HSC HOSPITALS 1 4 3,840.00 960.00 .008 3840.00 7.51	@COMMUNITY HOSPITAL TOTAL	129		189,371.51			1468.00	\$ 370.59
HSC HOSPITALS 1 4 3,840.00 960.00 .008 3840.00 7.51	COMM HOSP INPATIENT TOTAL	22	65	143,103.55	2201.59	.127	6504.71	280.05
	HSC HOSPITALS	1	4		960.00		3840.00	7.51
	NON-HSC HOSPITALS TOTAL	19	61		2247.51	.119	7215.69	268.29

					MC	NTHLY AVERA	WE -	
511 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	OST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	129	1,337	\$ 189,371.51	\$ 141.64	2.616	\$ 1468.00	\$	370.59
COMM HOSP INPATIENT TOTAL	22	65	143,103.55	2201.59	.127	6504.71		280.05
HSC HOSPITALS	1	4	3,840.00	960.00	.008	3840.00		7.51
NON-HSC HOSPITALS TOTAL	19	61	137,098.06	2247.51	.119	7215.69		268.29
ACCOMMODATIONS	19	61	26,470.03	433.93	.119	1393.16		51.80
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	19	61	26,470.03	433.93	.119	1393.16		51.80
ANCILLARIES	19	0	110,628.03	.00	.000	5822.53		216.49
INPATIENT CROSSOVERS	2	0	2,165.49	.00	.000	1082.75		4.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	114	1,272	46,267.96	36.37	2.489	405.86		90.54
MEDICAL	62	162	5,702.67	35.20	.317	91.98		11.16
SURGERY	29	41	1,860.87	45.39	.080	64.17		3.64
PATHOLOGY	54	217	2,818.29	12.99	.425	52.19		5.52
RADIOLOGY	28	85	5,914.79	69.59	.166	211.24		11.57
ROOM USE	60	100	3,555.93	35.56	.196	59.27		6.96
CROSSOVERS/ALL OTH OUTPTNT	75	667	26,415.41	39.60	1.305	352.21		51.69
@STATE HOSPITAL	0	0 :	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	s	.00	.000	Ċ		Ś	.00
ICF DDH	0	0	Ÿ	.00	Ÿ	.00	.000	Y	.00	Y	.00
ICF DD	0	0		.00		.00	.000		.00		.00
	0	0									
ICF DDN/DDCN	U	•		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	121	468	\$	12,118.78	\$	25.89	.916	\$	100.16	\$	23.72
PATHOLOGY	121	468		12,118.78		25.89	.916		100.16		23.72
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	163	356	\$	39,617.58	\$	111.29	.697	\$	243.05	\$	77.53
CLINIC	6	24		670.96		27.96	.047		111.83		1.31
SURGICENTER	16	75		3,023.51		40.31	.147		188.97		5.92
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	151	257		35,923.11		139.78	.503		237.90		70.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	IRES MO		EPORT			DEC		P7	AGE 14,348
MOP024	FEE-FOR-SERVICE		J1(LLO 110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CDI OICI	I OIC OIIIV 2	.001 111110		2001		03/14/05
SHASTA COUNTY		JICES FOR BCCTP-	-ТОТЪТ.								03/11/03
0111101111 0001111	DOIMING OF BEIN	VICED FOR DOCT	1011111				M	ОМТЕ	HLY AVERA	GE -	
511 ELIGIBLES	USERS	UNITS OF SERVIC	F.	EXPENDITURES	AVE	RAGE COST			COST PER	-	COST PER
OII BEIGIBEE	ODLING	OR DAYS OF CAR		EMPENDITORES		UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	51	1,530	\$	6,631.45	\$	4.33	2.994		130.03		12.98
DURABLE MED. EQUIP.	4	15	Y	1,382.17	Y	92.14	.029	۲	345.54	Ψ	2.70
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	6	106		999.91		9.43	.207		166.65		1.96
	0	105		990.03		9.43	.205		165.01		1.94
AMBULANCES/AIR TRANS	6	103									
OTHER TRANS	U	•		.00		.00	.000		.00		.00
OTHER SERVICES	1	1		9.88		9.88	.002		9.88		.02
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	2	2		210.00		105.00	.004		105.00		.41
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	11	25		358.79		14.35	.049		32.62		.70
PHYSICAL THERAPIST	12	116		1,738.95		14.99	.227		144.91		3.40
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	10	21		1,564.68		74.51	.041		156.47		3.06
PROSTHETICS	10	21		1,564.68		74.51	.041		156.47		3.06
OBBUODECC	^	^		0.0		0.0	000		0.0		0.0

0

0

0

0

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.00

.00

.00

.00

.00

.00

.00

.00

.00

ORTHOTICS

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

HOSPICE SERVICES

PSYCHOLOGIST

0

0

0

0

0

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	1,245	376.95	.30	2.436	41.88	.74
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	39	659	\$ 10,200.29	\$ 15.48	1.290	\$ 261.55	\$ 19.96
00			 				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,349
MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

MONIBULLY ALIEDACE

					MON	ITHLY AVERA	GE
103 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	23	57	\$ 863.43	\$ 15.15	.553	37.54	\$ 8.38
@PHYSICIANS SERVICES	10	18	\$ 304.17	\$ 16.90	.175	30.42	\$ 2.95
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	10	18		304.17		16.90	.175		30.42		2.95
@PHARMACY	1	2	\$	30.40	\$	15.20	.019	\$	30.40	\$.30
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	1	2		30.40		15.20	.019		30.40		.30
@DENTIST	3	8	\$.00	\$.00	.078	\$.00	\$.00
VISITS - DIAGNOSTIC	3	5		.00		.00	.049		.00		.00
ORAL SURGERY	1	1		.00		.00	.010		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	2		.00		.00	.019		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR!	ES MONTH-	OF-PAYMENT F	REPORT	FOR JAN	2004 THRU	DEC	2004	P7	AGE 14,350
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	QMB - OI	NLY			AID CODE					
]	HTNOM	LY AVERA	GE -	

USERS	UNITS OF SERVICE	EXPENDITURES	AVERA	GE COST	UNITS/DAY	S	COST PER		COST PER
	OR DAYS OF CARE		PER U	NIT/DAY	PER ELIG		USER		ELIGIBLE
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0	OR DAYS OF CARE 0 0 \$.00 0 0 .00 0 0 .00 0 0 .00 0 0 \$.00	OR DAYS OF CARE 0	OR DAYS OF CARE 0	OR DAYS OF CARE PER UNIT/DAY PER ELIG 0 0 \$.00 \$.00	OR DAYS OF CARE O	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 0 0 \$.00 \$.00	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 \$.00 <

FAMILY NURSE PRACTITIONER	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	2	14 \$	\$	377.56	\$	26.97	.136 \$		\$	3.67
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	2	14		377.56		26.97	.136	188.78		3.67
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	2	14		377.56		26.97	.136	188.78		3.67
@COUNTY HOSPITAL TOTAL	0		\$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		· · · · · · · · · · · · · · · · · · ·	S MON		EDOD1				D7	AGE 14,351
MOP024	FEE-FOR-SERVICE		3 11011	III OF FAIMENT N	E CIVI	FOR UAN 2	ZOO4 IIINO DE	C 2004	I Z	03/14/05
SHASTA COUNTY		ICES FOR OMB - ONI	ΓV			AID CODE	0.0			03/14/03
SHASIA COUNTI	SUMMARI OF SERV.	ICES FOR QMB - ONI	ЬΙ			AID CODE	MON	ייים אוייים א	~⊏ _	
103 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/1/2	DACE COCH	UNITS/DAYS			COST PER
103 ELIGIBLES	USEKS	OR DAYS OF CARE		EVERNDIIOVES			PER ELIG	USER	-	CLIGIBLE
@COMMUNITY HOSPITAL TOTAL	2		Ŝ	377.56	\$.136 \$			3.67
COMM HOSP INPATIENT TOTAL	0	0	?	.00	Ą	.00	.136 3	.00	Ą	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00		.00		.00
NON-HSC HOSPITALS TOTAL	U	0					.000			
ACCOMMODATIONS	U	U		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	U	U		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	Ü	U		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	Ü		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
TNDAMTENIM CDCCCCUEDC	\wedge	^		0.0		\cap	$\cap \cap \cap$	\cap		$\cap \cap$

377.56

.00

.00

.00

26.97

.00

.00

.000

.000

.136

.000

.00

.00

188.78

.00

.00

.00

3.67

.00

INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

0

2

0

14

0

ALL OTHER INPATIENT

MEDICAL

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	14		377.56		26.97	.136		188.78		3.67
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MO	ONTH-OF-PAYMENT R	EPORT	FOR JAN 20	04 THRU	DEC	2004	PI	AGE 14,352
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	QMB -	ONLY			AID CODE 8					
						_	M	IONT	HLY AVERA	GE -	

					MON	THLY AVERAG	E
103 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	7	15 \$	151.30	\$ 10.09	.146 \$	21.61	\$ 1.47
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS 0 0 0 .00 .00 .00 .00	.00
ORTHOTICS 0 0 .00 .00 .00 .00	.00
PSYCHOLOGIST 0 0 .00 .00 .00 .00	.00
SPEECH AND AUDIOLOGY 0 0 .00 .00 .00 .00	.00
HOSPICE SERVICES 0 0 .00 .00 .00 .00	.00
NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00	.00
LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00 .00	.00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00	.00
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00	.00
ALL OTHER PROVIDERS 7 15 151.30 10.09 .146 21.61	1.47
@CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP** 20 49 \$ 863.43 \$ 17.62 .476 \$ 43.17 \$	8.38

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,353

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

					MON	THLY AVERAG	E
3,829 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,477	5 , 919 \$	337,250.64	\$ 56.98	1.546 \$	228.33	\$ 88.08
@PHYSICIANS SERVICES	356	1 , 088 \$	46,389.36	\$ 42.64	.284 \$	130.31	\$ 12.12
OUTPATIENT VISITS	275	349	13,554.20	38.84	.091	49.29	3.54
OFFICE VISITS	139	181	5,708.85	31.54	.047	41.07	1.49
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	135	151	7,100.92	47.03	.039	52.60	1.85
PREVENTIVE CARE	4	4	149.56	37.39	.001	37.39	.04
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	13	594.87	45.76	.003	66.10	.16
INPATIENT VISITS	14	65	4,838.33	74.44	.017	345.60	1.26
HOSPITAL VISITS	11	45	2,520.91	56.02	.012	229.17	.66
CRITICAL CARE	5	20	2,317.42	115.87	.005	463.48	.61
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	159.13	39.78	.001	39.78	.04
EXAMINATIONS	4	4	159.13	39.78	.001	39.78	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	70	6,656.94	95.10	.018	832.12	1.74
PRINCIPAL SURGEON	8	12	5,387.85	448.99	.003	673.48	1.41
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	58	1,269.09	21.88	.015	423.03	.33
OUTPATIENT SURGERY	32	418	10,331.95	24.72	.109	322.87	2.70
PRINCIPAL SURGEON	25	30	4,200.06	140.00	.008	168.00	1.10
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	388	6,131.89	15.80	.101	681.32	1.60
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	11	15	491.71	32.78	.004	44.70	.13
RADIOLOGY	56	102	6,140.08	60.20	.027	109.64	1.60
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	26	65	4,217.02	64.88	.017	162.19	1.10
@PHARMACY	623	1 , 201 \$	44,643.42	\$ 37.17	.314 \$	71.66	\$ 11.66
PRESCRIPTION DRUGS	616	1,125	43,440.60	38.61	.294	70.52	11.35
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	616	1,125	43,440.60	38.61	.294	70.52	11.35

MEDICAL SUPPLIES 22 76 1,202.82 15.83 .020	4.67 .31
@DENTIST 76 410 \$ 12,271.00 \$ 29.93 .107 \$ 1	1.46 \$ 3.20
VISITS - DIAGNOSTIC 60 236 3,497.00 14.82 .062	8.28 .91
ORAL SURGERY 2 3 135.00 45.00 .001	7.50 .04
DRUGS 4 6 150.00 25.00 .002	7.50 .04
ANESTHESIA 0 0 .00 .00 .00	.00
PERIODONTICS 0 0 .00 .00 .00	.00
ENDODONTICS 10 27 1,846.00 68.37 .007 1	4.60 .48
RESTORATIVE DENTISTRY 31 138 6,643.00 48.14 .036 2	4.29 1.73
PROSTHETICS 0 0 .00 .00 .00	.00
DENTURES, STAYPLATES 0 0 .00 .00 .00	.00
SPACE MAINTAINERS 0 0 .00 .00 .00	.00
MAXILLOFACIAL SERVICES 0 0 .00 .00 .00	.00
FRACTURES, DISLOCATIONS 0 0 .00 .00 .00	.00 .00
ORTHODONTIC SERVICES 0 0 .00 .00 .00	.00
ALL OTHER SERVICES 0 0 .00 .00 .00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 200	4 PAGE 14,354
MOP024 FEE-FOR-SERVICE/DENTAL	03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P	
MONTHLY	AVERAGE
3,829 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST	PER COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG US	ER ELIGIBLE
@OPTOMETRIST 13 30 \$ 826.78 \$ 27.56 .008 \$	3.60 \$.22
DIAGNOSTIC AND ANC. PROCED 7 7 302.85 43.26 .002	3.26 .08
EYE APPLIANCES 8 21 442.73 21.08 .005	5.34 .12
OTHER OPTOMETRIC SERVICES 2 2 81.20 40.60 .001	0.60 .02
@CHIROPRACTOR 0 0 \$.00 \$.00 \$.00 \$.00
VISITS 0 0 .00 .00 .00 .00	.00
OTHER SERVICES 0 0 .00 .00 .00	.00 .00
@PODIATRIST 0 0 \$.00 \$.00 \$.00 \$.00
@PODIATRIST 0 0 \$.00 \$.00 .00 \$ MEDICINE/INJECTIONS 0 0 .00 .00 .00 .00	

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
	5	670	Ċ		Ċ	29.79		ċ		ċ	
@HOME HEALTH AGENCY	0	670	\$ \$	19,961.02	\$.175	\$	3992.20		5.21
NURSE ANESTHESIST	0		ې د	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	•	0	Ş	.00	Ş	.00	.000	\$.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00	.000	\$.00		.00
FAMILY NURSE PRACTITIONER	1	1	\$	26.18	\$	26.18	.000	\$	26.18		.01
@TOTAL HOSPITAL	266	1,042	\$	120,999.61	\$	116.12	.272	\$	454.89	\$	31.60
HOSP INPATIENT TOTAL	13	56		88 , 175.63		1574.56	.015		6782.74		23.03
HSC HOSPITALS	4	39		64,160.00		1645.13	.010		16040.00		16.76
NON-HSC HOSPITAL TOTAL	9	17		24,015.63		1412.68	.004		2668.40		6.27
ACCOMMODATIONS	9	17		7,961.12		468.30	.004		884.57		2.08
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	9	17		7,961.12		468.30	.004		884.57		2.08
ANCILLARIES	8	0		16,054.51		.00	.000		2006.81		4.19
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	255	986		32,823.98		33.29	.258		128.72		8.57
MEDICAL	110	150		7,407.33		49.38	.039		67.34		1.93
SURGERY	24	24		879.51		36.65	.006		36.65		.23
	52	177		1,438.96		8.13	.046		27.67		.38
PATHOLOGY											
RADIOLOGY	45	82		4,684.00		57.12	.021		104.09		1.22
ROOM USE	230	321		14,125.56		44.00	.084		61.42		3.69
CROSSOVERS/ALL OTH OUTPTNT	80	232		4,288.62		18.49	.061		53.61		1.12
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MOI	NTH-OF-PAYMENT RE	EPOR	T FOR JAN 2	2004 THRU	DEC	2004	PI	AGE 14,355
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR 133% PR	OGRAM	AID (CODE	S 72 74 8N	8P				
							M	TNO	HLY AVERA	GE -	
3,829 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE			PΕ	R UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	266	1,042	\$	120,999.61	\$	116.12		\$	454.89	\$	31.60
COMM HOSP INPATIENT TOTAL	13	56		88,175.63		1574.56	.015		6782.74		23.03
HSC HOSPITALS	4	39		64,160.00		1645.13	.010		16040.00		16.76
NON-HSC HOSPITALS TOTAL	9	17		24,015.63		1412.68	.004		2668.40		6.27
ACCOMMODATIONS	9	17		7,961.12		468.30	.004		884.57		2.08
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

ALL OTHER ACCOM	۵	17		7,961.12		468.30		004		884.57		2.08
ANCILLARIES	8	0		16,054.51		.00		000		2006.81		4.19
INPATIENT CROSSOVERS	0	0		.00		.00		000		.00		.00
ALL OTHER INPATIENT	Ō	0		.00		.00		000		.00		.00
COMM HOSP OUTPATIENT TOTAL	255	986		32,823.98		33.29		258		128.72		8.57
MEDICAL	110	150		7,407.33		49.38		039		67.34		1.93
SURGERY	24	24		879.51		36.65		006		36.65		.23
PATHOLOGY	52	177		1,438.96		8.13		046		27.67		.38
RADIOLOGY	45	82		4,684.00		57.12		021		104.09		1.22
ROOM USE	230	321		14,125.56		44.00		084		61.42		3.69
CROSSOVERS/ALL OTH OUTPTNT		232		4,288.62		18.49		061		53.61		1.12
@STATE HOSPITAL	0	0	\$.00	\$.00		000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00		000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00		000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00		000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	U	•		.00		.00		000		.00		.00
LEV B-REHAB MD	U	0		.00		.00		000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00		000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00		000		.00		.00
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR	0	0		.00		.00		000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		000	¢	.00	Ċ	.00
ICF DDH	0	0	Y	.00	Y	.00		000	Y	.00	Y	.00
ICF DD	0	0		.00		.00		000		.00		.00
ICF DDN/DDCN	0	0		.00		.00		000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	т	.00	7	.00		000	т.	.00	т.	.00
HEMODIALYSIS CENTER	0	0		.00		.00		000		.00		.00
@REHABILITATION FACILITY	2	18	\$	238.12	\$	13.23		005	\$	119.06	\$.06
HOSPITAL BASED	0	0		.00		.00		000		.00		.00
INDEPENDENT FACILITY	0 2 52 52	18		238.12		13.23		005		119.06		.06
@LABORATORY FACILITY	52	92	\$	720.35	\$	7.83		024	\$	13.85	\$.19
PATHOLOGY	52	92		720.35		7.83		024		13.85		.19
XO AND OTHERS	0	0		.00		.00		000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	601	773	\$	85,302.40	\$	110.35		202	\$	141.93	\$	22.28
CLINIC	15	36		328.76		9.13		009		21.92		.09
SURGICENTER	3	16		656.42		41.03		004		218.81		.17
HEROIN DETOX CLINIC	0	0		.00		.00		000		.00		.00
RURAL HEALTH CLINIC	584	721	IIDDG MOI	84,317.22		116.94		188	DEC	144.38	D.7	22.02
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE		URES MOI	NTH-OF-PAYMENT I	KEPORT	FOR JAN	2004 T	HKU	DEC	2004	PF	AGE 14,356 03/14/05
SHASTA COUNTY	SUMMARY OF SERV		DDOCDAM	7 T D	CODEC	72 74 ON	d 0 D					03/14/03
SHASIA COUNTI	SOMMAKI OF SERV	ICES FOR 155%	FINOGRAM	AID	CODES	72 74 ON		N	иОИТЕ	HLY AVERA	GE -	
3,829 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	RAGE COST						COST PER
, , , , , , , , , , , , , , , , , , , ,		OR DAYS OF CA				UNIT/DAY				USER		ELIGIBLE
@ALL OTHER PROVIDERS	60	594	\$	5,872.40	\$	9.89		155	\$	97.87	\$	1.53
DURABLE MED. EQUIP.	7	7		626.98		89.57						.16
BLOOD BANK	0	0		.00		.00		000		.00		.00
HEARING AID DISPENSERS	5	7		355.02		50.72		002		71.00		.09
MEDICAL TRANSPORTATION	8	45		2,159.58		47.99		012		269.95		.56
AMBULANCES/AIR TRANS	8	44		884.58		20.10		011		110.57		.23
OTHER TRANS	0	0		.00		.00		000		.00		.00
OTHER SERVICES	1	1		1,275.00		1275.00		000		1275.00		.33
ACUPUNCTURE	0	0		.00		.00		000		.00		.00
ADULT DAY HEALTH CARE CTR	Ü	0		.00		.00		000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	•	000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	11	111.89	10.17	.003	22.38	.03
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	144.58	48.19	.001	144.58	.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	31	416	2,437.75	5.86	.109	78.64	.64
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	105	36.60	.35	.027	7.32	.01
@CALIF. CHILDREN SERVICES*	33	426	\$ 68,415.12	\$ 160.60	.111	\$ 2073.19	\$ 17.87
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,357
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

----- MONTHLY AVERAGE -----4,875 ELIGIBLES USERS EXPENDITURES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER 17/Ds.
13.83
32.62 .226
44.90 .062
34.42 .030
.00 .000
55.00 .030
.00 .000
52.92 .000
48.54 .00'
68.93 .0'
52.88 .f OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,021 244.77 \$ 101.47 @TOTAL, ALL PROVIDERS 11,285 \$ 494,673.48 \$ 43.83 373 .228 \$ 97.25 \$ @PHYSICIANS SERVICES 1,112 36,274.05 \$ 13,603.79 5,024.94 .00 248 303 13,603.79 54.85 OUTPATIENT VISITS 2.79 121 146 41.53 OFFICE VISITS 1.03 HOME VISITS 0 0 .00 .00 8,084.69 130 62.19 EMERGENCY ROOM 147 0 0 .00 .00 PREVENTIVE CARE 1 7 OB VISITS/COMPRE PERI 2 105.84 105.84 .02 8 388.32 OTHER OUTPATIENT 55.47 .08 51 51 40 20 3,515.61 .010 175.78 INPATIENT VISITS 18 3 0 2,115.18 1,400.43 HOSPITAL VISITS 117.51 .43 466.81 CRITICAL CARE .29 0 .00 .00 .000 .00 SNF/ICF/TRANS IP CARE 286.10 47.68 286.10 47.68 .00 .00 4,447.20 38.34 3,831.51 319.29 6 .001 57.22 OPHTHALMOLOGICAL SERVICES .06 6 EXAMINATIONS .001 57.22 .06 .00 SERVICES AND MATERIALS 0 .000 15 11 296.48 INPATIENT HOSPITAL SURGERY 116 .024 .91 12 348.32 .002 . 79 PRINCIPAL SURGEON 84.51 84.51 .000 84.51 ASSISTANT SURGEON ANESTHESIOLOGIST 103 132.80 4 531.18 5.16 .021 .11 33 386 4,769.54 12.36 108.07 104.24 12.36 .079 144.53 OUTPATIENT SURGERY .98 29 PRINCIPAL SURGEON .007 130.43 .78 3,782.50 1 7 1 104.24 104.24 ASSISTANT SURGEON 104.24 .000 .02 350 882.80 2.52 .072 126.11 ANESTHESIOLOGIST . 18 0 .000 .00 .00 .00 DIALYSIS 10 PATHOLOGY 6 52.94 5.29 .002 8.82 .01 120 175 7,127.43 40.73 1.46 RADIOLOGY .036 59.40 PSYCHIATRY 0 0 .00 .00 .000 .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	1	1		7.45		7.45	.000		7.45		.00
OTHER SERVICES/ALL X-OVERS	38	64		2,463.99		38.50	.013		64.84		.51
@PHARMACY	693	2,841	\$	110,459.25	\$	38.88	.583	\$	159.39	\$	22.66
PRESCRIPTION DRUGS	681	1,325		106,765.52		80.58	.272		156.78		21.90
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	681	1,325		106,765.52		80.58	.272		156.78		21.90
MEDICAL SUPPLIES	30	1,516		3,693.73		2.44	.311		123.12		.76
@DENTIST	249	1,425	\$	41,509.50	\$	29.13	.292	\$	166.70	\$	8.51
VISITS - DIAGNOSTIC	185	1,022		14,066.00		13.76	.210		76.03		2.89
ORAL SURGERY	41	99		7,255.50		73.29	.020		176.96		1.49
DRUGS	5	10		150.00		15.00	.002		30.00		.03
ANESTHESIA	9	9		800.00		88.89	.002		88.89		.16
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	17	25		3,235.00		129.40	.005		190.29		.66
RESTORATIVE DENTISTRY	85	230		12,545.00		54.54	.047		147.59		2.57
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	2	2		320.00		160.00	.000		160.00		.07
MAXILLOFACIAL SERVICES	1	1		48.00		48.00	.000		48.00		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	20	25		2,865.00		114.60	.005		143.25		.59
ALL OTHER SERVICES	6	2		225.00		112.50	.000		37.50		.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	RES 1	MONTH-OF-PAYMENT RE	PORT	FOR JAN	2004 THRU	DEC	2004	PÆ	AGE 14,358
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05

SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

SHASTA COUNTY

----- MONTHLY AVERAGE -----4,875 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 69 187 \$ 4,253.48 \$ 22.75 .038 \$ 61.64 \$.87 @OPTOMETRIST 2,404.74 1,836.74 12.00 42.19 42.94 DIAGNOSTIC AND ANC. PROCED 56 57 .012 129 14.24 39.93 EYE APPLIANCES .026 1 1 12.00 12.00 OTHER OPTOMETRIC SERVICES .000 .010 \$ 29.26 \$ 49 819.28 \$ 16.72 @CHIROPRACTOR .17 819.28 28 16.72 29.26 VISITS 49 .010 .00 Ω .00 OTHER SERVICES 0 .000 .00 @PODIATRIST 0 .00 \$.000 \$.00 \$.00 .00 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 .000 .00 SURGERY/ANES. RADIO./PATHOLOGY .00 .000 .00 .00 0 .00 OTHER .000 .00 .00 16 1,693 50,589.85 \$.347 \$ 3161.87 \$ 29.88 @HOME HEALTH AGENCY 0 .00 \$ NURSE ANESTHESIST .00 \$.00 .000 \$.00 NURSE MIDWIFE .00 \$.000 \$.00 \$.00 \$.00 .00 \$ PEDIATRIC NURSE PRACTITIONER .000 \$ 2 2 22.97 FAMILY NURSE PRACTITIONER 45.93 \$.000 \$ 22.97 \$ 1,483 131,375.40 \$ @TOTAL HOSPITAL 292 88.59 .304 \$ 449.92 \$ HOSP INPATIENT TOTAL 15 68 91,738.19 1649.82 1248.85 444.77 .00 .00 .(444.77 .0 .00 .0(.00 .00 1349.09 .014 6115.88 3 17 28,047.00 9349.00 HSC HOSPITALS .003 5.75 NON-HSC HOSPITAL TOTAL 12 51 63,691.19 .010 5307.60 13.06 12 1890.29 ACCOMMODATIONS 22,683.46 .010 .00 .00 0 0 ADMINISTRATIVE DAYS .000 .00 .00 .00 TRANSITIONAL IP CARE Ο .000 .00 12 22,683.46 .010 1890.29 ALL OTHER ACCOM 12 0 41,007.73 3417.31 ANCILLARIES .000 8.41 .00 0 .00 INPATIENT CROSSOVERS 0 .000 .00 ALL OTHER INPATIENT .000 .00

282	1,415		39,637.21	28.01	.290	140.56	8.13
77	98		4,232.47	43.19	.020	54.97	.87
32	36		1,203.20	33.42	.007	37.60	.25
	406		5,324.92	13.12	.083	54.34	1.09
88	123		6,755.77	54.92	.025	76.77	1.39
233	317		11,255.17	35.51	.065	48.31	2.31
128	435		10,865.68	24.98	.089	84.89	2.23
1	4	\$	128.34	\$ 32.09	.001	\$ 128.34	\$.03
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
1	4		128.34		.001	128.34	.03
1	1		64.19	64.19	.000	64.19	.01
0	0		.00	.00	.000	.00	.00
0	0		.00		.000	.00	.00
1	1		24.24		.000	24.24	.00
1	1		34.21	34.21	.000	34.21	.01
1	1						.00
		ES MON	ITH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU	DEC 2004	PAGE 14,359
FEE-FOR-SERVICE	/DENTAL						03/14/05
SUMMARY OF SERV	ICES FOR 100% PRO	OGRAM	AID (CODES 7A 7C 8R			
					M	ONTHLY AVERA	GE
USERS			EXPENDITURES		/		COST PER
							ELIGIBLE
291	1,479	\$	131,247.06	\$ 88.74	.303	\$ 451.02	\$ 26.92
	77 32 98 88 233 128 1 0 0 0 0 0 0 0 0 1 1 1 0 0 1 1 1 MEDI-CAL SERVICE SUMMARY OF SERV	77 98 32 36 98 406 88 123 233 317 128 435 1 4 0 1 1 1 1 1	77 98 32 36 98 406 88 123 233 317 128 435 1 4 \$ 0 1 1 1 1 1	77 98 4,232.47 32 36 1,203.20 98 406 5,324.92 88 123 6,755.77 233 317 11,255.17 128 435 10,865.68 1 4 \$ 128.34 0 0 0 .00 0 0 0 0	77 98 4,232.47 43.19 32 36 1,203.20 33.42 98 406 5,324.92 13.12 88 123 6,755.77 54.92 233 317 11,255.17 35.51 128 435 10,865.68 24.98 1 4 \$ 128.34 \$ 32.09 0 0 0 .00 .00 0 0 0 .00 .00 0 0 0 .00 .0	77 98 4,232.47 43.19 .020 32 36 1,203.20 33.42 .007 98 406 5,324.92 13.12 .083 88 123 6,755.77 54.92 .025 233 317 11,255.17 35.51 .065 128 435 10,865.68 24.98 .089 1 4 \$ 128.34 \$ 32.09 .001 0 0 0 .00 .00 .00 .00 0 0 0 .00 .00 .00	77 98 4,232.47 43.19 .020 54.97 32 36 1,203.20 33.42 .007 37.60 98 406 5,324.92 13.12 .083 54.34 88 123 6,755.77 54.92 .025 76.77 233 317 11,255.17 35.51 .065 48.31 128 435 10,865.68 24.98 .089 84.89 1 4 \$ 128.34 \$ 32.09 .001 \$ 128.34 0 0 0 .00 .00 .00 .000 .000 .000 0 0 0 .00 .0

COMM HOSP INPATIENT TOTAL	15	68		91,738.19		1349.09	.014		6115.88		18.82
HSC HOSPITALS	3	17		28,047.00		1649.82	.003		9349.00		5.75
NON-HSC HOSPITALS TOTAL	12	51		63,691.19		1248.85	.010		5307.60		13.06
ACCOMMODATIONS	12	51		22,683.46		444.77	.010		1890.29		4.65
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	12	51		22,683.46		444.77	.010		1890.29		4.65
ANCILLARIES	12	0		41,007.73		.00	.000		3417.31		8.41
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	281	1,411		39,508.87		28.00	.289		140.60		8.10
MEDICAL	76	97		4,168.28		42.97	.020		54.85		.86
SURGERY	32	36		1,203.20		33.42	.007		37.60		.25
PATHOLOGY	98	406		5,324.92		13.12	.083		54.34		1.09
RADIOLOGY	87	122		6,731.53		55.18	.025		77.37		1.38
ROOM USE	232	316		11,220.96		35.51	.065		48.37		2.30
CROSSOVERS/ALL OTH OUTPTNT	127	434		10,859.98		25.02	.089		85.51		2.23
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
	0	0	Ÿ	.00	Ÿ	.00	.000	Y	.00	Y	.00
MENTALLY ILL	0										
DEVELOP. DISABLED	0	0	A	.00	<u>^</u>	.00	.000	<u>^</u>	.00	<u> </u>	.00
@NURSING FACILITY	7	0	\$.00	\$.00	.000	Ş	.00	Þ	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	Ü	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	6	28	\$	377.40	\$	13.48	.006	\$	62.90	\$.08
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	6	28		377.40		13.48	.006		62.90		.08
@LABORATORY FACILITY	105	375	\$	3,904.40	\$	10.41	.077	\$	37.18	\$.80
PATHOLOGY	105	375		3,904.40		10.41	.077		37.18		.80
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	646	932	\$	99,715.80	\$	106.99	.191	Ś	154.36	Ś	20.45
CLINIC	28	74		2,128.78	·	28.77	.015		76.03		. 44
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	619	858		97,587.02		113.74	.176		157.65		20.02
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITU	IRES MOI		F P∩RT			DEC		D	AGE 14,360
MOP024	FEE-FOR-SERVICE		71100	NIII OI IMIMBINI I	VIII OIVI	1010 07110 7	2001 111110	DLC	2001		03/14/05
SHASTA COUNTY		ICES FOR 100% F	POCR M	ΔΤΠ	CODES	7 7 7	ΩТ				03/14/03
SHASTA COUNTY	SOPPART OF SERV	TOES FOR TOO'S I	NOGNAM	AID	CODES	/A /C OR	M	I∩NIT!	HIV AVERA	CF.	
4,875 ELIGIBLES	USERS	UNITS OF SERVIC	'E	EXPENDITURES	AVE	RAGE COST					COST PER
1,070 111011110	OBLIND	OR DAYS OF CAR		DMIDIONDO		UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	295	1,158		15,349.14		13.25			52.03		
DURABLE MED. EQUIP.	4	19	7	1,280.35	۲	67.39	.004	4	320.09	7	.26
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	2		88.99		44.50	.000		88.99		.02
MEDICAL TRANSPORTATION	19	260		4,511.87		17.35	.053		237.47		.93
HEDICAL INVISEOUTATION	13	200		4, JII. 0 /		11.33	.003		201.41		. 33

AMBULANCES/AIR TRANS	18	258	3,864.49	14.98	.053	214.69	.79
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	647.38	323.69	.000	323.69	.13
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3	315.00	105.00	.001	105.00	.06
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	53	118	1,016.74	8.62	.024	19.18	.21
PHYSICAL THERAPIST	2	30	417.12	13.90	.006	208.56	.09
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	4	490.80	122.70	.001	163.60	.10
PROSTHETICS	3	4	490.80	122.70	.001	163.60	.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	6	251.02	41.84	.001	125.51	.05
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	200	701	6,838.28	9.76	.144	34.19	1.40
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	15	138.97	9.26	.003	11.58	.03
@CALIF. CHILDREN SERVICES*	35	145	\$ 88,262.64	\$ 608.71	.030	\$ 2521.79	\$ 18.11
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,361
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

					MC	ONTHLY AVERA	ÆE.	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	(COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	444	2 , 095	\$ 98 , 178.99	\$ 46.86	.000	\$ 221.12	\$.00
@PHYSICIANS SERVICES	104	337	\$ 11,952.28	\$ 35.47	.000	\$ 114.93	\$.00
OUTPATIENT VISITS	69	258	9,521.67	36.91	.000	138.00		.00
OFFICE VISITS	37	38	799.15	21.03	.000	21.60		.00
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	41	220	8,722.52	39.65	.000	212.74		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	0	0	.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00		.00
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		.00
EXAMINATIONS	0	0	.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
OUTPATIENT SURGERY	3	6	287.55	47.93	.000	95.85		.00
PRINCIPAL SURGEON	2	2	157.72	78.86	.000	78.86		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	4		129.83		32.46	.000	12	29.83		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	34	34		147.56		4.34	.000		4.34		.00
RADIOLOGY	35	37		1,760.48		47.58	.000		0.30		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	2		235.02		117.51	.000	11	7.51		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	9	15	\$	408.37	\$	27.22	.000	\$ 4	15.37	\$.00
PRESCRIPTION DRUGS	8	12		260.20		21.68	.000	3	32.53		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	8	12		260.20		21.68	.000	3	32.53		.00
MEDICAL SUPPLIES	1	3		148.17		49.39	.000	14	18.17		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITU	RES M	ONTH-OF-PAYMENT R	EPOR'	I FOR JAN	2004 THRU	DEC 200) 4	P7	AGE 14,362
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FOR	PRESUM	PTIVE	ELIGIBILITY-PREG	NANT	AID CODES	5 7F 7G				

							Mo	INC	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	1		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	205	1,415	\$	60 , 597.91	\$	42.83	.000	\$	295.60	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	205	1,415	60,597.91	42.83	.000	295.60	.00
MEDICAL	3	3	144.17	48.06	.000	48.06	.00
SURGERY	10	10	360.37	36.04	.000	36.04	.00
PATHOLOGY	88	217	8,962.21	41.30	.000	101.84	.00
RADIOLOGY	51	51	3,721.20	72.96	.000	72.96	.00
ROOM USE	151	198	6,532.83	32.99	.000	43.26	.00
CROSSOVERS/ALL OTH OUTPTNT	177	936	40,877.13	43.67	.000	230.94	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	-	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00		.00	.00
	0	0			.000		
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	U	U	.00	.00	.000	.00	.00
ROOM USE	U	U	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT I	REPORT FOR JAN	2004 THRU DE	C 2004	PAGE 14,363
MOP024	FEE-FOR-SERVICE/						03/14/05
SHASTA COUNTY	SUMMARY OF SERVI	CES FOR PRESUMPTI	VE ELIGIBILITY-PREC	GNANT AID CODES	_		
					MON		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	0.0 =	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	205	1,415 \$,	\$ 42.83	.000 \$		\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

								HLI AVEKA	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER.	AGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE		PER 1	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	205	1,415	\$ 60,597.91	\$	42.83	.000	\$	295.60	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
HSC HOSPITALS	0	0	.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00	.00
ANCILLARIES	0	0	.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	205	1,415	60,597.91		42.83	.000		295.60	.00
MEDICAL	3	3	144.17		48.06	.000		48.06	.00
SURGERY	10	10	360.37		36.04	.000		36.04	.00
PATHOLOGY	88	217	8,962.21		41.30	.000		101.84	.00
RADIOLOGY	51	51	3,721.20		72.96	.000		72.96	.00
ROOM USE	151	198	6,532.83		32.99	.000		43.26	.00
CROSSOVERS/ALL OTH OUTPTNT	177	936	40,877.13		43.67	.000		230.94	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	74	167	\$	4,218.93	\$	25.26	.000	\$	57.01	\$.00
PATHOLOGY	74	167		4,218.93		25.26	.000		57.01		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	100	144	\$	19,216.50	\$	133.45	.000	\$	192.17	\$.00
CLINIC	2	3		469.62		156.54	.000		234.81		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	99	141		18,746.88		132.96	.000		189.36		.00
#CALIF DEPT OF HEALTH SERV			URES	MONTH-OF-PAYMENT RI	EPOR	T FOR JAN 2	2004 THRU	DEC	2004	PA	GE 14,364
MOP024	FEE-FOR-SERVICE										03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR PRESU	MPTIV	E ELIGIBILITY-PREGI	NANT	AID CODES	_				
									HLY AVERA	-	
00 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S (COST PER	C	OST PER

.00 .00 .00
.00
.00
.00
.00
.00
.00
.00
.00
.00
.00
.00
.00
.00
.00
.00
.00
.00
.00
.00
.00
.00
.00
.00
.00
.00
.00
.00
.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,365
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

811118111 6001111	DOMINICI OF DELLA	TCHO TOIL	THEFT CL	1 1	TODDINGOLOGIC TINOGICALI		LITE CODE	/ 11			
								MC	NTHLY AVERA	GE	
48 ELIGIBLES	USERS	UNITS OF	SERVICE	C	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE	Ξ		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	21		156	\$	3,836.59	\$	24.59	3.250	\$ 182.69	\$	79.93
@PHYSICIANS SERVICES	1		1	\$	17.30	\$	17.30	.021	\$ 17.30	\$.36
OUTPATIENT VISITS	0		0		.00		.00	.000	.00		.00
OFFICE VISITS	0		0		.00		.00	.000	.00		.00
HOME VISITS	0		0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000	.00		.00
INPATIENT VISITS	0		0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000	.00		.00
CRITICAL CARE	0		0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000	.00		.00
EXAMINATIONS	0		0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY 0 0 0 0.00 .00	
ASSISTANT SURGEON 0 0 0 0 00 00 00 00 00 00 00 00 00 00	
ANESTHESIOLOGIST 0 0 0 .00 .00 .000 .00 .00 .00 .00 .00	
OUTPATIENT SURGERY 0 0 .00 .00 .00 .00 .00 .00 PRINCIPAL SURGEON 0 0 .00	
PRINCIPAL SURGEON 0 0 .00 .00 .00 .00 .00	
7 COT CHIANE CUID CEON 00 00 00 00 00 00 00 00 00	
ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 .00	
ANESTHESIOLOGIST 0 0 .00 .00 .00 .00 .00 .00 .00	
DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00	
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00	
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00	
PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00	
IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00 .00 .00 .00	
OTHER SERVICES/ALL X-OVERS 1 1 1 17.30 17.30 .021 17.30 .36	
@PHARMACY 15 71 \$ 2,647.30 \$ 37.29 1.479 \$ 176.49 \$ 55.15	
PRESCRIPTION DRUGS 14 69 2,597.12 37.64 1.438 185.51 54.11	
SNF/ICF 0 0 0 .00 .00 .00 .00 .00 .00	
OUTPATIENTS 14 69 2,597.12 37.64 1.438 185.51 54.11	
MEDICAL SUPPLIES 1 2 50.18 25.09 .042 50.18 1.05	
@DENTIST 0 0 \$.00 \$.00 .000 \$.00 \$.00	
VISITS - DIAGNOSTIC 0 0 .00 .00 .00 .00 .00 .00	
ORAL SURGERY 0 0 0 .00 .00 .00 .00 .00 .00	
DRUGS 0 0 .00 .00 .00 .00 .00 .00	
ANESTHESIA 0 0 0 .00 .00 .00 .00 .00 .00	
PERIODONTICS 0 0 .00 .00 .00 .00 .00 .00	
ENDODONTICS 0 0 .00 .00 .00 .00 .00 .00	
RESTORATIVE DENTISTRY 0 0 0 .00 .00 .00 .00 .00 .00 .00	
PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00	
DENTURES, STAYPLATES 0 0 .00 .00 .00 .00 .00 .00 .00	
SPACE MAINTAINERS 0 0 0 .00 .00 .00 .00 .00 .00	
MAXILLOFACIAL SERVICES 0 0 0 .00 .00 .00 .00 .00 .00	
FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00 .00	
ORTHODONTIC SERVICES 0 0 .00 .00 .00 .00 .00 .00	
ALL OTHER SERVICES 0 0 .00 .00 .00 .00 .00 .00	
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,3	66
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/	
SHASTA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H	
MONTHLY AVERAGE	
48 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER	
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE	
@OPTOMETRIST 0 0 \$.00 \$.00 .000 \$.00 \$.00	
DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .00 .00 .00 .00	
EYE APPLIANCES 0 0 .00 .00 .00 .00 .00	

48 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	0	.00	.00	.000	.00	.00
HOSP INPATIENT TOTAL	0						
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0				.00	
TRANSITIONAL IP CARE	U	U	.00	.00	.000		.00
ALL OTHER ACCOM	O	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
MEDICAL	O	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	· · · · · · · · · · · · · · · · · · ·					
CROSSOVERS/ALL OTH OUTPTNT	U	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0		.00			.00
ACCOMMODATIONS	U	0	.00		.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	U	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0					
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MOD	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 14,367
MOP024	FEE-FOR-SERVICE	E/DENTAL					03/14/05
SHASTA COUNTY	SUMMARY OF SERV	JICES FOR MEDI-CAL TUBE	ERCULOSIS PROGRAM	AID CODE	7H		
					MON	THLY AVERA	GE
48 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
10 111011110	OBLIG	OR DAYS OF CARE	LAI BIIDI I OICEO	PER UNIT/DAY	, -	USER	ELIGIBLE
0.0000			0.0				
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0						
ADMINISTRATIVE DAYS	•	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	· ·	•					
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$		\$.00
	0		۲		Ą			۲		Ą	
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	_	.00	_	.00	.000	_	.00	_	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	۲	.00	Y	.00	.000	۲	.00	۲	.00
ICF DD	0	0		.00		.00	.000		.00		.00
	0										
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	Ś	.00	.000	\$.00	\$.00
PATHOLOGY	0	0	'	.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	11	84	\$	1,171.99	\$	13.95	1.750	\$		\$	24.42
CLINIC	10	81	Y	1,004.18	Ÿ	12.40	1.688	Y	100.34	Y	20.92
	0										
SURGICENTER	•	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	3		167.81		55.94	.063		83.91		3.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES 1	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 14,368
MOP024	FEE-FOR-SERVICE/DE	NTAL									03/14/05
SHASTA COUNTY	SUMMARY OF SERVICE	S FOR MEDI-CA	L T	UBERCULOSIS PROGRAM	P	AID CODE	7H				
							M	ONT	HLY AVERA	GΕ	
48 ELIGIBLES	USERS UN	ITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
	0	R DAYS OF CARE				UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	•	.00	.000		.00	•	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00			.00		
	0	0					.000				.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00			.00		
EVOSTUETIST/OKTUOTISTS	U	U		.00		.00	.000		.00		.00

PROSTHETICS	0	0	.00	.0	.000	.00	.00
ORTHOTICS	0	0	.00	.0	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.0	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.0	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.0	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.0	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.0	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.0	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.0	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.0	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.0	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.0	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	1 \$	17.30	\$ 17.3	.021	\$ 17.30	\$.36
G+ MOMATO TAL MURCE TIMES ADE CIVEN A	C A CEDADAME	TATEODMARITON THE	A CATE AC				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,369 FEE-FOR-SERVICE/DENTAL

03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

						MON	THLY AVERA	GE	
234 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	267	1,655	\$	93,528.20	\$ 56.51	7.073 \$	350.29	\$ 399.69	
@PHYSICIANS SERVICES	56	160	\$	8,771.49	\$ 54.82	.684	156.63	\$ 37.49	
OUTPATIENT VISITS	17	80		2,422.18	30.28	.342	142.48	10.35	
OFFICE VISITS	6	7		275.47	39.35	.030	45.91	1.18	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	2	3		205.05	68.35	.013	102.53	.88	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	13	70		1,941.66	27.74	.299	149.36	8.30	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00	
INPATIENT VISITS	8	23		1,140.89	49.60	.098	142.61	4.88	

HOSPITAL VISITS	8	23		1,140.89		49.60	.098		142.61		4.88
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	7	10		2,952.93		295.29	.043		421.85		12.62
PRINCIPAL SURGEON	6	- 6		2,776.87		462.81	.026		462.81		11.87
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	1		176.06		44.02	.017		176.06		.75
OUTPATIENT SURGERY	2	4		345.77		86.44	.017		170.00		1.48
PRINCIPAL SURGEON	1	1		253.16		253.16	.004		253.16		1.48
ASSISTANT SURGEON	0	0		.00		.00	.004		.00		.00
	0	0									.40
ANESTHESIOLOGIST	1	0		92.61		30.87	.013		92.61		
DIALYSIS	0 5	0		.00		.00	.000		.00		.00
PATHOLOGY	-	8		82.78		10.35	.034		16.56		.35
RADIOLOGY	29	32		1,617.36		50.54	.137		55.77		6.91
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	3		209.58		69.86	.013		69.86		.90
@PHARMACY	58	92	\$	4,386.76	\$	47.68	.393	\$	75.63	\$	18.75
PRESCRIPTION DRUGS	58	92		4,386.76		47.68	.393		75.63		18.75
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	58	92		4,386.76		47.68	.393		75.63		18.75
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	O	IRES I		EPORT			DEC		P	AGE 14,370
MOP024	FEE-FOR-SERVICE/DENTAL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2011 01111	2001 111110	200	2001		03/14/05
SHASTA COUNTY	SIMMARY OF SERVICES FOR	MINOR	CONS	ENT AID CODES AID (CODES	7M 7D 7	p 7N				00/11/00

FEE-FOR-SERVICE/DENTAL SHASTA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

234 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	0	0	.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	1	1	\$ 16.72	\$	16.72	.004	\$	16.72	\$.07
VISITS	1	1	16.72		16.72	.004		16.72	.07
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00

----- MONTHLY AVERAGE -----

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	8	14	\$	734.93	\$	52.50	.060	\$ 91.87	\$	3.14
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	S	.00	Ś	.00	.000	\$.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0	0	S	.00	Ś	.00	.000		\$.00
FAMILY NURSE PRACTITIONER	0	0	¢	.00	Ś	.00	.000	•	\$.00
@TOTAL HOSPITAL	95	-	Ÿ Ś	55,198.00	\$	58.97	4.000	•		235.89
HOSP INPATIENT TOTAL	9	35	Y	29,676.32	Ÿ	847.89	.150	3297.37	Y	126.82
	0	0								
HSC HOSPITALS	0			.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	9	35		29,676.32		847.89	.150	3297.37		126.82
ACCOMMODATIONS	9	35		14,829.72		423.71	.150	1647.75		63.37
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	9	35		14,829.72		423.71	.150	1647.75		63.37
ANCILLARIES	9	0		14,846.60		.00	.000	1649.62		63.45
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	94	901		25,521.68		28.33	3.850	271.51		109.07
MEDICAL	17	21		827.29		39.39	.090	48.66		3.54
SURGERY	8	11		300.19		27.29	.047	37.52		1.28
PATHOLOGY	54	184		3,410.20		18.53	.786	63.15		14.57
RADIOLOGY	22	23		1,725.22		75.01	.098	78.42		7.37
ROOM USE	74	131		4,585.96		35.01	.560	61.97		19.60
CROSSOVERS/ALL OTH OUTPTNT	75	531		14,672.82		27.63	2.269	195.64		62.70
	1		\$	499.19	\$.073		ċ	2.13
@COUNTY HOSPITAL TOTAL	0	0	Ş		Þ	29.36 .00	.073	\$ 499.19	Ş	2.13
CO HOSPITAL INPATIENT TOTAL	0	0		.00						
HSC HOSPITALS	U	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0			.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	O	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	1	17		499.19		29.36	.073	499.19		2.13
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	1	2		61.20		30.60	.009	61.20		.26
PATHOLOGY	1	_ 6		129.02		21.50	.026	129.02		.55
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	1	4		263.13		65.78	.017	263.13		1.12
CROSSOVERS/ALL OTH OUTPINT	1	5		45.84		9.17	.021	45.84		.20
	MEDI-CAL SERVIC	ES AND EXPENDITURE:	S MON		FPOR				D	AGE 14,371
MOP024	FEE-FOR-SERVICE		0 11011	III OF TATMENT N	.11011	I FOR OAN 2	2004 11110 1	DEC 2004		03/14/05
SHASTA COUNTY		ICES FOR MINOR CO	NCENT	AID CODES AID	CODE	9 7M 7D 7D	7 N			03/14/03
SHASTA COUNTI	DOMPART OF BEITY	TCES FOR MINOR CO.	NOLINI	AID CODES AID	CODE			ONTHLY AVER	AGE	
234 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/ 7/7			S COST PER		COST PER
254 EDIGIDEES	OSEKS	OR DAYS OF CARE		EXFENDITORES		R UNIT/DAY		USER		ELIGIBLE
ACOMMINITAL HORDIAN HORAL	0.4		ċ	E4 600 01						
@COMMUNITY HOSPITAL TOTAL	94	919	ٻ	54,698.81	\$		3.927		Ş	
COMM HOSP INPATIENT TOTAL	9	35		29,676.32		847.89	.150	3297.37		126.82
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	9	35		29,676.32		847.89	.150	3297.37		126.82
ACCOMMODATIONS	9	35		14,829.72		423.71	.150	1647.75		63.37
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00

ALL OTHER ACCOM	9	35		14,829.72		423.71	.150		1647.75		63.37
ANCILLARIES	9	0		14,846.60		.00	.000		1649.62		63.45
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	93	884		25,022.49		28.31	3.778		269.06		106.93
MEDICAL	17	21		827.29		39.39	.090		48.66		3.54
SURGERY	7	9		238.99		26.55	.038		34.14		1.02
PATHOLOGY	53	178		3,281.18		18.43	.761		61.91		14.02
RADIOLOGY	22	23		1,725.22		75.01	.098		78.42		7.37
ROOM USE	73	127		4,322.83		34.04	.543		59.22		18.47
CROSSOVERS/ALL OTH OUTPTNT	74	526		14,626.98		27.81	2.248		197.66		62.51
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	28	83	\$	1,618.44	\$	19.50	.355	\$	57.80	\$	6.92
PATHOLOGY	28	83		1,618.44		19.50	.355		57.80		6.92
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	100	365	\$	22,381.86	\$		1.560	\$	223.82	\$	95.65
CLINIC	80	332		17,220.32		51.87	1.419		215.25		73.59
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	20	33		5,161.54		156.41	.141		258.08		22.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES N	MONTH-OF-PAYMENT RI	EPORT	FOR JAN 20	04 THRU	DEC	2004	PA	AGE 14,372
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES F	OR MINOR	CONSE	ENT AID CODES AID	CODES	7M 7P 7R 7	N				
						_	N	тиом	HIY AVERA	GE -	

----- MONTHLY AVERAGE -----234 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE 4 \$ 420.00 \$ 105.00 .017 \$ 105.00 \$ @ALL OTHER PROVIDERS 4 1.79 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .00 .00 .000 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 .00 OTHER TRANS .00 .000 .00 .00 .00 .00 .00 .00 OTHER SERVICES .000 ACUPUNCTURE 0 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 420.00 105.00 .017 105.00 1.79

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,373
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

----- MONTHLY AVERAGE -----3,250 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,852 2.234 \$ 200.89 \$ 114.48 @TOTAL, ALL PROVIDERS 7,262 372,045.16 \$ 51.23 392 1,213 @PHYSICIANS SERVICES 36,619.66 \$ 30.19 .373 \$ 93.42 \$ 11.27 260 354 15,052.16 42.52 57.89 OUTPATIENT VISITS .109 4.63 100 110 38.43 OFFICE VISITS 3,842.70 34.93 .034 1.18 .00 .00 HOME VISITS 0 0 .00 .000 .00 151 EMERGENCY ROOM 170 8,936.30 52.57 .052 59.18 2.75 1 1 37.39 37.39 .000 37.39 PREVENTIVE CARE OB VISITS/COMPRE PERI 10 66 2,042.43 30.95 .020 204.24 .63 7 14 `2 7 OTHER OUTPATIENT 193.34 27.62 .002 27.62 .06 38 2,497.62 65.73 .012 .77 INPATIENT VISITS 178.40 HOSPITAL VISITS 31 1,497.06 48.29 .010 124.76 .46 181.79 5 CRITICAL CARE 908.96 .002 302.99 .28 91.60 45.80 .001 91.60 SNF/ICF/TRANS IP CARE 61.61 30.81 .001 61.61 .02 OPHTHALMOLOGICAL SERVICES EXAMINATIONS 61.61 30.81 .001 61.61 .02 0 SERVICES AND MATERIALS .00 .00 .000 .00 76 INPATIENT HOSPITAL SURGERY 3,212.33 42.27 .023 458.90 .99 2,735.57 547.11 .002 547.11 . 84 PRINCIPAL SURGEON 0 .00 .00 .000 .00 ASSISTANT SURGEON ANESTHESIOLOGIST 2 71 476.76 6.71 .022 238.38 .15 47 498 8,829.13 17.73 187.85 OUTPATIENT SURGERY .153 2.72 146.99 181.80 PRINCIPAL SURGEON 6,908.47 .014 2.13 0 0 .00 ASSISTANT SURGEON .00 .000 .00 .00 14 4.5.1 1,920.66 4.26 137.19 .59 ANESTHESIOLOGIST .139 .00 .00 .000 .00 DIALYSIS 14 31 PATHOLOGY 150.64 4.86 .010 10.76 .05 99 145 4,467.73 45.13 RADIOLOGY 30.81 .045 1.37 PSYCHIATRY Ω .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	9	9		233.95		25.99	.003	25.99		.07
OTHER SERVICES/ALL X-OVERS	27	60		2,114.49		35.24	.018	78.31		.65
@PHARMACY	899	2,423	\$	109,224.20	\$	45.08	.746	121.50	\$	33.61
PRESCRIPTION DRUGS	888	1,897		107,794.05		56.82	.584	121.39		33.17
SNF/ICF	5	15		296.44		19.76	.005	59.29		.09
OUTPATIENTS	883	1,882		107,497.61		57.12	.579	121.74		33.08
MEDICAL SUPPLIES	19	526		1,430.15		2.72	.162	75.27		. 44
@DENTIST	97	572	\$	16,905.00	\$	29.55	.176		\$	5.20
VISITS - DIAGNOSTIC	71	400		5,219.00	·	13.05	.123	73.51		1.61
ORAL SURGERY	17	41		2,873.00		70.07	.013	169.00		.88
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	1	1		100.00		100.00	.000	100.00		.03
PERIODONTICS	2	2		236.00		118.00	.001	118.00		.07
ENDODONTICS	8	16		1,513.00		94.56	.005	189.13		.47
RESTORATIVE DENTISTRY	40	98		5,123.00		52.28	.030	128.08		1.58
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	3	9		1,165.00		129.44	.003	388.33		.36
SPACE MAINTAINERS	3	3		431.00		143.67	.001	143.67		.13
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	3	4		245.00		61.25	.001	81.67		.08
ALL OTHER SERVICES	2	2CR		.00		.00	.001CR	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MO	NTH-OF-PAYMENT RE	EPOR	T FOR JAN	2004 THRU DE	EC 2004	Р	AGE 14,374
MOP024	FEE-FOR-SERVICE	/DENTAL								03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR EDWARDS	CASE	S IN PA-FAMILIES		AID CODE	38			
							MON	THLY AVERA	.GE	
3,250 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	COST PER	,	COST PER
·		OR DAYS OF CARE			PΕ	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	26	64	\$	1,580.62	\$	24.70	.020	60.79	\$.49
DIAGNOSTIC AND ANC. PROCED	20	20	•	940.99		47.05	.006	47.05		.29
EYE APPLIANCES	15	42		614.74		14.64	.013	40.98		.19
OTHER OPTOMETRIC SERVICES	2	2		24.89		12.45	.001	12.45		.01

@CHIROPRACTOR	31	35	\$	585.20	\$	16.72	.011	Ś	18.88	Ś	.18
VISITS	31	35	•	585.20	'	16.72	.011		18.88		.18
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0	0	7	.00	7	.00	.000	-1	.00	4	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	4	\$	209.98	\$.001	Ċ	104.99	Ċ	.06
NURSE ANESTHESIST	0	0	\$.00	\$.000		.00		.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	ŭ	0	\$.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	6	7	\$ \$	150.62	\$.002		25.10		.05
@TOTAL HOSPITAL	315	1,200	\$ \$	73,832.88	ب خ	61.53	.369				22.72
HOSP INPATIENT TOTAL	14	33	Ą	42,806.77	Ş	1297.17	.010	Ą	3057.63	Ą	13.17
HSC HOSPITALS	1	1		1,240.00		1240.00	.010		1240.00		.38
	13	32							3197.44		
NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	13	32		41,566.77		1298.96	.010		1063.83		12.79 4.26
	0			13,829.76		432.18	.010				
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	-			.00		.00	.000		.00		.00
ALL OTHER ACCOM	13	32		13,829.76		432.18	.010		1063.83		4.26
ANCILLARIES	13	0		27,737.01		.00	.000		2133.62		8.53
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	308	1,167		31,026.11		26.59	.359		100.73		9.55
MEDICAL	102	128		4,075.57		31.84	.039		39.96		1.25
SURGERY	28	36		1,721.85		47.83	.011		61.49		.53
PATHOLOGY	92	315		3,751.88		11.91	.097		40.78		1.15
RADIOLOGY	61	80		4,578.56		57.23	.025		75.06		1.41
ROOM USE	254	313		11,713.09		37.42	.096		46.11		3.60
CROSSOVERS/ALL OTH OUTPTNT		295		5,185.16		17.58	.091		49.86		1.60
@COUNTY HOSPITAL TOTAL	4	13	\$	294.79	\$	22.68	.004	Ş	73.70	Ş	.09
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	13		294.79		22.68	.004		73.70		.09
MEDICAL	1	1		72.31		72.31	.000		72.31		.02
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	10		150.71		15.07	.003		75.36		.05
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	2		71.77		35.89	.001		35.89		.02
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			RES MO	ONTH-OF-PAYMENT RI	EPOR	T FOR JAN 2	2004 THRU	DEC	2004	P	AGE 14,375
MOP024	FEE-FOR-SERVICE	•									03/14/05
SHASTA COUNTY	SUMMARY OF SERV	LCES FOR EDWARD:	s CASI	ES IN PA-FAMILIES		AID CODE				a =	
3 250 FITCIDIES	HOEDO	IIMITUO OE OEDIIIO	7	EADEMDIMIDEO	71. 7. 7.	EDACE COCH	M			-	
3,250 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
@COMMUNITY HOSPITAL TOTAL	312	OR DAYS OF CAR		73,538.09	PE \$	R UNIT/DAY 61.95	.365		USER 235.70		ELIGIBLE 22.63
GCOMMONTIL HOSELIAD TOTAL	214	1,10/	۲	13,330.09	٢	01.30	. 505	٢	233.10	ٻ	22.03

COMM HOSP INPATIENT TOTAL	14	33		42,806.77		1297.17	.010		3057.63		13.17
HSC HOSPITALS	1	1		1,240.00		1240.00	.000		1240.00		.38
NON-HSC HOSPITALS TOTAL	13	32		41,566.77		1298.96	.010		3197.44		12.79
ACCOMMODATIONS	13	32		13,829.76		432.18	.010		1063.83		4.26
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	13	32		13,829.76		432.18	.010		1063.83		4.26
ANCILLARIES	13	0		27,737.01		.00	.000		2133.62		8.53
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	305	1,154		30,731.32		26.63	.355		100.76		9.46
MEDICAL	102	127		4,003.26		31.52	.039		39.25		1.23
	28										
SURGERY		36		1,721.85		47.83	.011		61.49		.53
PATHOLOGY	90	305		3,601.17		11.81	.094		40.01		1.11
RADIOLOGY	61	80		4,578.56		57.23	.025		75.06		1.41
ROOM USE	253	311		11,641.32		37.43	.096		46.01		3.58
CROSSOVERS/ALL OTH OUTPTNT	104	295		5,185.16		17.58	.091		49.86		1.60
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	3	61	\$	37,447.29	\$	613.89	.019	Ġ	12482.43	Ś	11.52
LEV A-INTERMEDIATE	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
	0	0									
LEV B-REHAB MD	•	-		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		61		37,447.29		613.89	.019		12482.43		11.52
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	Ċ	.00
	0	0	Ÿ	.00	Ÿ	.00	.000	Ÿ	.00	Y	.00
HOSPITAL BASED	0										
HEMODIALYSIS CENTER	7	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	104	309	\$	4,748.53	\$	15.37	.095	\$	45.66	\$	1.46
PATHOLOGY	104	309		4,748.53		15.37	.095		45.66		1.46
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	584	812	\$	83,786.80	\$	103.19	.250	\$	143.47	\$	25.78
CLINIC	30	99		2,378.64		24.03	.030		79.29		.73
SURGICENTER	6	18		584.97		32.50	.006		97.50		.18
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	551	695		80,823.19		116.29	.214	D = 0	146.68	_	24.87
#CALIF DEPT OF HEALTH SERV			RES MO.	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	Ρ	AGE 14,376
MOP024	FEE-FOR-SERVICE										03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR EDWARD	S CASE	S IN PA-FAMILIES		AID CODE	38				
							M	INO	CHLY AVERA	GΕ	
3,250 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	Ξ		PER	UNIT/DAY	PER ELIG	÷	USER		ELIGIBLE
@ALL OTHER PROVIDERS	134		\$	6,954.38		12.37	.173				
DURABLE MED. EQUIP.	7	12		673.10	•	56.09	.004		96.16		.21
BLOOD BANK	Ó	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
	15										
MEDICAL TRANSPORTATION	10	172		1,838.97		10.69	.053		122.60		.57

AMBULANCES/AIR TRANS	15	172	1,838.97	-	LO.69	.053	122.60	.57
OTHER TRANS	0	0	.00		.00	.000	.00	.00
OTHER SERVICES	0	0	.00		.00	.000	.00	.00
ACUPUNCTURE	0	0	.00		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3	315.00	10	05.00	.001	105.00	.10
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	20	52	533.23	1	10.25	.016	26.66	.16
PHYSICAL THERAPIST	4	47	671.69	-	14.29	.014	167.92	.21
PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	4	355.73	8	38.93	.001	118.58	.11
PROSTHETICS	3	4	355.73	8	38.93	.001	118.58	.11
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	81	271	2,558.03		9.44	.083	31.58	.79
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.63		8.63	.000	8.63	.00
@CALIF. CHILDREN SERVICES*	5	115	\$ 2,064.97	\$ 1	L7.96	.035	\$ 412.99	\$.64
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,377 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SHASTA COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

	MONTHLY AVERAGE								
486 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	225	1,416	\$	126,527.98	\$ 89.36	2.914	\$ 562.35	\$	260.35
@PHYSICIANS SERVICES	73	279	\$	10,718.71	\$ 38.42	.574	\$ 146.83	\$	22.05
OUTPATIENT VISITS	37	49		2,240.34	45.72	.101	60.55		4.61
OFFICE VISITS	21	25		689.13	27.57	.051	32.82		1.42
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	15	22		1,507.48	68.52	.045	100.50		3.10
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	2	2		43.73	21.87	.004	21.87		.09
INPATIENT VISITS	6	43		2,161.02	50.26	.088	360.17		4.45
HOSPITAL VISITS	6	42		2,039.42	48.56	.086	339.90		4.20
CRITICAL CARE	1	1		121.60	121.60	.002	121.60		.25
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		46.44	46.44	.002	46.44		.10
EXAMINATIONS	1	1		46.44	46.44	.002	46.44		.10
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	7	8		1,974.15	246.77	.016	282.02		4.06
PRINCIPAL SURGEON	7	8		1,974.15	246.77	.016	282.02		4.06

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	5	32.07	6.41	.010	8.02	.07
RADIOLOGY	24	39	1,744.03	44.72	.080	72.67	3.59
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	4	1,205.00	301.25	.008	401.67	2.48
OTHER SERVICES/ALL X-OVERS	19	130	1,315.66	10.12	.267	69.25	2.71
@PHARMACY	137	411 \$	52,923.92	\$ 128.77	.846	\$ 386.31	\$ 108.90
PRESCRIPTION DRUGS	135	403	52,621.70	130.57	.829	389.79	108.28
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	135	403	52,621.70	130.57	.829	389.79	108.28
MEDICAL SUPPLIES	5	8	302.22	37.78	.016	60.44	.62
@DENTIST	11	66 \$	2,466.00	\$ 37.36	.136	\$ 224.18	\$ 5.07
VISITS - DIAGNOSTIC	7	35	437.00	12.49	.072	62.43	.90
ORAL SURGERY	3	7	414.00	59.14	.014	138.00	.85
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.002	118.00	.24
ENDODONTICS	2	2	545.00	272.50	.004	272.50	1.12
RESTORATIVE DENTISTRY	3	7	503.00	71.86	.014	167.67	1.03
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	14	449.00	32.07	.029	449.00	.92
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU	DEC 2004	PAGE 14,378

03/14/05

----- MONTHLY AVERAGE -----

MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

USERS 486 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 21 447.86 \$ 21.33 .043 \$ 63.98 \$ @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED 5 211.94 42.39 .010 52.99 .44 224.51 EYE APPLIANCES 15 14.97 .031 44.90 .46 224.51 11.41 11.41 .002 11.41 .02 OTHER OPTOMETRIC SERVICES @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 .00 VISITS .00 .000 .00 .00 0 .00 .000 .00 .00 OTHER SERVICES 0 @PODIATRIST .00 \$.00 .000 \$.00 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .00 0 .00 .00 SURGERY/ANES. .000 0 .00 RADIO./PATHOLOGY .00 .000 .00 0 .00 OTHER .00 .000 .00 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 \$ NURSE ANESTHESIST 0 .00 \$.00 \$.00 .000 \$.00 NURSE MIDWIFE 0 .00 \$.00 .000 \$.00 \$.00 .00 .00 .00 \$ PEDIATRIC NURSE PRACTITIONER .000 \$ FAMILY NURSE PRACTITIONER 0 .000 \$.00 \$.00 .00 .00 @TOTAL HOSPITAL 264 47,563.57 180.17 .543 \$ 1160.09 \$ 97.87 31 8281.14 41,405.70 1335.67 .064 HOSP INPATIENT TOTAL 5 9,500.00 1900.00 .010 9500.00 HSC HOSPITALS 19.55 26 31,905.70 1227.14 .053 7976.43 NON-HSC HOSPITAL TOTAL 65.65 ACCOMMODATIONS 9,171.31 352.74 .053 2292.83 18.87

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	26		9,171.31	352.74	.053	2292.83	18.87
ANCILLARIES	4	0		22,734.39	.00	.000	5683.60	46.78
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	37	233		6,157.87	26.43	.479	166.43	12.67
MEDICAL	13	26		900.33	34.63	.053	69.26	1.85
SURGERY	5	6		234.54	39.09	.012	46.91	.48
PATHOLOGY	18	89		930.80	10.46	.183	51.71	1.92
RADIOLOGY	12	18		1,422.13	79.01	.037	118.51	2.93
ROOM USE	24	34		1,193.70	35.11	.070	49.74	2.46
CROSSOVERS/ALL OTH OUTPTNT	16	60		1,476.37	24.61	.123	92.27	3.04
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONT	H-OF-PAYMENT RE	PORT FOR JAN	2004 THRU	DEC 2004	PAGE 14,379

MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P 03/14/05

SHASTA COUNTY	SUMMARY OF SERVI	CES FOR SSI API	'EAL/N	ILDC IN PA-DISABLE	ED AID CODES 61			C -	
406 71 707777						MON			
486 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	41	264	\$	47 , 563.57	\$ 180.17	•	1160.09	\$	97.87
COMM HOSP INPATIENT TOTAL	5	31		41,405.70	1335.67	.064	8281.14		85.20
HSC HOSPITALS	1	5		9,500.00	1900.00	.010	9500.00		19.55
NON-HSC HOSPITALS TOTAL	1 4 4 0 0 4 4 0 0 37	264 31 5 26 26 0 0 26 0 0 27 0 0 233 26		31 , 905.70	1227.14	.053	7976.43		65.65
ACCOMMODATIONS	4	26		9,171.31	352.74	.053	2292.83		18.87
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	4	26		9,171.31	352.74	.053	2292.83		18.87
ANCILLARIES	4	0		22,734.39	.00	.000	5683.60		46.78
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	37	233		6,157.87	26.43		166.43		12.67
MEDICAL	13	26		900.33	34.63	.053	69.26		1.85
SURGERY	5	6		234.54	39.09	.012	46.91		.48
PATHOLOGY	1.8	89		930.80	10.46	.183	51.71		1.92
RADIOLOGY	18 12	18		1,422.13	79.01	.037	118.51		2.93
ROOM USE	24	3 1		1,193.70	35.11	.070	49.74		2.46
		34 60		•					3.04
CROSSOVERS/ALL OTH OUTPTNT	16 0	0	\$	1,476.37	24.61 \$.00	.123	92.27	ċ	.00
@STATE HOSPITAL	0	0	Ş	.00		.000 \$.00	Ş	
MENTALLY ILL	•	-		.00	.00	.000			.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$		Ş	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0 0 25 23 2 66	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	25	104 97	\$	1,402.59	\$ 13.49	.214 \$		Ś	2.89
PATHOLOGY	23	97	۲	1,357.09	13.99	.200	59.00	٧	2.79
XO AND OTHERS	23	7		45.50	6.50	.014	22.75		.09
@ORGANIZED OUTPATIENT CLINIC	66	7 94	Ś	9,285.11		.193 \$		Ċ	19.11
GUNDANIZED COTFATIENT CLINIC	11	15	ې	675.59	45.04	.031	61.42	۲	1.39
CLINIC	0	15							.00
SURGICENTER	•	-		.00	.00	.000	.00		
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	58	79	.=	8,609.52	108.98	.163	148.44	_	17.72
#CALIF DEPT OF HEALTH SERV			KES MC	NTH-OF-PAYMENT RE	EPORT FOR JAN	∠∪U4 THRU DE	C 2004	Р	AGE 14,380
MOP024	FEE-FOR-SERVICE/		,						03/14/05
SHASTA COUNTY	SUMMARY OF SERVI	CES FOR SSI API	PEAL/N	ILDC IN PA-DISABLE	ED AID CODES 61				
496 ELICIDIES	HCEDC	INTER OF CEDUTOR	_	EADENDIMIDEC		MON			
// U C DT T C T DT D C	HCCDC			トクロロバロエロロロロ	V/LDVCE CUCH	11N1TTC/DAVC	משמ שטניי		משם שייייי

486 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	OF	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	20	177 \$	1,720.22	\$ 9.72	.364 \$	86.01	\$ 3.54
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	82	1,239.81	15.12	.169	137.76	2.55
AMBULANCES/AIR TRANS	9	82	1,239.81	15.12	.169	137.76	2.55
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	13	116.70	8.98	.027	23.34	.24
PHYSICAL THERAPIST	4	20	304.33	15.22	.041	76.08	.63
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	62	59.38	.96	.128	29.69	.12
@CALIF. CHILDREN SERVICES*	12	139 \$	16,242.67	\$ 116.85	.286 \$	1353.56	\$ 33.42
@XOVER EXCLUDING STATE HOSP**	11	155 \$	1,615.46	\$ 10.42	.319 \$	146.86	\$ 3.32
A* MOMATO THE MURCE TIMES ARE CITY	TENT AC A CEDADAME	TNEODMARTON TREM ONLY	-				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,381 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SHASTA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

DIMIDIM COUNTY	DOLLINICE OF DELLA	TODD TOTAL CITATE	СПОПО	11000 114 111 11000	1110 CODI			
						MON	ITHLY AVERA	GE
242 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Œ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	220	5 , 178	\$	253,267.24	\$ 48.91	21.397 \$	1151.21	\$ 1046.56
@PHYSICIANS SERVICES	23	67	\$	498.19	\$ 7.44	.277 \$	21.66	\$ 2.06
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0		.00	.0	0 .000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.0			.00		.00
ASSISTANT SURGEON	0	0		.00	.0			.00		.00
ANESTHESIOLOGIST	0	0		.00	.0			.00		.00
OUTPATIENT SURGERY	0	0		.00	.0			.00		.00
PRINCIPAL SURGEON	0	0		.00	.0			.00		.00
ASSISTANT SURGEON	0	0		.00	.0			.00		.00
ANESTHESIOLOGIST	0	0		.00	.0			.00		.00
DIALYSIS	0	0		.00	.0			.00		.00
PATHOLOGY	0	0		.00	.0			.00		.00
RADIOLOGY	0	0		.00	.0			.00		.00
PSYCHIATRY	0	0		.00	.0			.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.0			.00		.00
OTHER SERVICES/ALL X-OVERS	23	67		498.19	7.4			21.66		2.06
@PHARMACY	142	2,865	\$	41,437.03	\$ 14.4			291.81	Ś	171.23
PRESCRIPTION DRUGS	138	761	'	41,014.35	53.9			297.21		169.48
SNF/ICF	69	550		29,797.10	54.1			431.84		123.13
OUTPATIENTS	70	211		11,217.25	53.1			160.25		46.35
MEDICAL SUPPLIES	9	2,104		422.68	.2			46.96		1.75
@DENTIST	3	8	\$	660.00	\$ 82.5			220.00	\$	2.73
VISITS - DIAGNOSTIC	2	4		100.00	25.0			50.00	·	.41
ORAL SURGERY	0	0		.00	.0			.00		.00
DRUGS	0	0		.00	.0			.00		.00
ANESTHESIA	0	0		.00	.0			.00		.00
PERIODONTICS	0	0		.00	.0			.00		.00
ENDODONTICS	0	0		.00	.0	0 .000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.0			.00		.00
PROSTHETICS	0	0		.00	.0	0 .000		.00		.00
DENTURES, STAYPLATES	2	4		560.00	140.0	0 .017		280.00		2.31
SPACE MAINTAINERS	0	0		.00	.0	0 .000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.0	0 .000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.0	0 .000		.00		.00
ORTHODONTIC SERVICES	0	0		.00	.0	0 .000		.00		.00
ALL OTHER SERVICES	0	0		.00	.0	0 .000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDIT	URES M	ONTH-OF-PAYMENT RI	EPORT FOR J	AN 2004 THRU	DEC	2004	Р	AGE 14,382
MOP024	FEE-FOR-SERVICE,	/DENTAL								03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG	CASES	- AGED IN PA-AGED	AID	CODE 1E				
							MONT	HLY AVERA	GE.	
242 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE C	OST UNITS/DA	YS (COST PER		COST PER

USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
4	10	\$	206.78	\$	20.68	.041	\$	51.70	\$.85
1	1		47.45		47.45	.004		47.45		.20
3	9		159.33		17.70	.037		53.11		.66
0	0		.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
2	2	\$	6.20	\$	3.10	.008	\$	3.10	\$.03
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
2	2		6.20		3.10	.008		3.10		.03
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
	USERS 4 1 3 0 0 0 2 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE	OR DAYS OF CARE 4 10 \$ 1 1 3 9 0 0 0 0 0 \$ 0 0 \$ 0 0 0 0 0 0	OR DAYS OF CARE 4 10 \$ 206.78 1 1 47.45 3 9 159.33 0 0 0 \$.00 0 0 \$.00 0 0 \$.00 0 0 .00 0 0 .00 2 2 2 2 \$ 6.20 0 0 0 .00 0 0 .00 0 0 .00 0 0 0 .00 0 0 0 0	OR DAYS OF CARE 4 10 \$ 206.78 \$ 1 1 47.45 3 9 159.33 0 0 0 \$.00 0 0 \$.00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	OR DAYS OF CARE PER UNIT/DAY 4 10 \$ 206.78 \$ 20.68 1 1 47.45 47.45 47.45 3 9 159.33 17.70 0 0 .00 .00 .00 0 0 \$.00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 \$.00 \$ 0 0 \$.00 \$	OR DAYS OF CARE PER UNIT/DAY PER ELIG 4 10 \$ 206.78 \$ 20.68 .041 1 1 47.45 47.45 .004 .004 .004 .007 .007 .007 .007 .007 .000	OR DAYS OF CARE PER UNIT/DAY PER ELIG 4 10 \$ 206.78 \$ 20.68 .041 \$ 1 1 47.45 47.45 .004 .004 .007 .007 .007 .007 .007 .000 <	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 4 10 \$ 206.78 \$ 20.68 .041 \$ 51.70 1 1 47.45 47.45 .004 47.45 3 9 159.33 17.70 .037 53.11 0 0 .00 .00 .000 .000 .000 0 0 \$.00 .00 .000 .000 .00 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .00 .00 .00 .00 .00 0 0 .00 </td <td>OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 4 10 \$ 206.78 \$ 20.68 .041 \$ 51.70 \$ 1 1 47.45 47.45 .004 47.45 .004 47.45 .004 47.45 .004 47.45 .004 47.45 .006 .007 .007 .007 .007 .007 .007 .007 .007 .007 .007 .008</td>	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 4 10 \$ 206.78 \$ 20.68 .041 \$ 51.70 \$ 1 1 47.45 47.45 .004 47.45 .004 47.45 .004 47.45 .004 47.45 .004 47.45 .006 .007 .007 .007 .007 .007 .007 .007 .007 .007 .007 .008

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	.00	Ċ	.00
@TOTAL HOSPITAL	13	34	\$ \$	3,691.16	\$	108.56	.140			15.25
-		~ -	Ş		ş				Ą	
HOSP INPATIENT TOTAL	4	0		3,380.45		.00	.000	845.11		13.97
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	4	0		3,380.45		.00	.000	845.11		13.97
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	34		310.71		9.14	.140	34.52		1.28
	9	0								
MEDICAL	U	-		.00		.00	.000	.00		.00
SURGERY	U	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	9	34		310.71		9.14	.140	34.52		1.28
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
	0	0		.00				.00		
ADMINISTRATIVE DAYS	0					.00	.000			.00
TRANSITIONAL IP CARE	U	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	O	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
	0	0								.00
CROSSOVERS/ALL OTH OUTPINT	•		70 1401	.00	1000	.00	.000	.00	Б.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		S MOI	NTH-OF-PAYMENT RE	SPOR'	I FOR JAN .	2004 THRU DI	EC 2004	Ρ.	AGE 14,383
MOP024	FEE-FOR-SERVICE/									03/14/05
SHASTA COUNTY	SUMMARY OF SERVI	CES FOR CRAIG CA	ASES-	AGED IN PA-AGED		AID COD				
							MOI			
242 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	34	\$	3,691.16	\$	108.56	.140	\$ 283.94	\$	15.25
COMM HOSP INPATIENT TOTAL	4	0		3,380.45		.00	.000	845.11		13.97
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000			.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
	0									
ALL OTHER ACCOM	ŭ	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	4	0		3 , 380.45		.00	.000	845.11		13.97
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	9	34		310.71		9.14	.140	34.52		1.28
MEDICAL	0	0		.00		.00	.000	.00		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	9	34	310.71	9.14	.140	34.52	1.28
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	79	1,635	\$ 199,839.57	\$ 122.23	6.756	\$ 2529.61	\$ 825.78
LEV A-INTERMEDIATE	16	335	29,934.52	89.36	1.384	1870.91	123.70
LEV B-REHAB MD	1	30	3,759.60	125.32	.124	3759.60	15.54
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	62	1,270	166,145.45	130.82	5.248	2679.77	686.55
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	2	\$ 1,040.35	\$ 520.18	.008	\$ 520.18	\$ 4.30
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	2	1,040.35	520.18	.008	520.18	4.30
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	25	34	\$ 1,000.00	\$ 29.41	.140	\$ 40.00	\$ 4.13
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC 25 34 1,000.00 29.41 .140 40.00 4.13 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,384 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SHASTA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

SHASIA COUNTI	DOLINARY OF DEILAR	CED FOR CIVATO CADED	AGED IN IA AGED	AID COD	2 11		
					MON	ITHLY AVERA	GE
242 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	35	521 \$	4,887.96	\$ 9.38	2.153	139.66	\$ 20.20
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	921.98	460.99	.008	460.99	3.81
MEDICAL TRANSPORTATION	21	490	2,398.06	4.89	2.025	114.19	9.91
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	20	469	2,367.72	5.05	1.938	118.39	9.78
OTHER SERVICES	2	21	30.34	1.44	.087	15.17	.13
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	5	15	1,413.60	94.24	.062	282.72	5.84
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	54.44	13.61	.017	27.22	.22
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7	10	99.88	9.99	.041	14.27	.41
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	52	132 \$	19,426.28	\$ 147.17	.545	373.58	\$ 80.27
0 * TOTALS IN THESE LINES ARE	GIVEN AS A SEPARA	ATE INFORMATION ITEM C	NLY;				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,385 MOP024 03/14/05 FEE-FOR-SERVICE/DENTAL SHASTA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

ST PER
-
IGIBLE
747.52
5.94
.00
.00
.00
.00
.00
.00
.00
.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0					.00
OUTPATIENT SURGERY	U	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	U	U	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	8	178.10	22.26	.267	59.37	5.94
@PHARMACY	19	3,059 \$	2,300.05	\$.75	101.967 \$	121.06	
PRESCRIPTION DRUGS	16	59	2,243.35	38.02	1.967	140.21	74.78
SNF/ICF	7	30	1,131.69	37.72	1.000	161.67	37.72
	9	29	1,111.66	38.33	.967	123.52	37.72
OUTPATIENTS	3		•	.02			1.89
MEDICAL SUPPLIES	3	3,000	56.70		100.000	18.90	
@DENTIST	2	8 \$	116.00	\$ 14.50	.267 \$	58.00	
VISITS - DIAGNOSTIC	2	6	66.00	11.00	.200	33.00	2.20
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	50.00	25.00	.067	50.00	1.67
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO					
	FEE-FOR-SERVICE		NIH-OF-PAIMENI RE	EPORT FOR JAN	1 ZUU4 IRKU DEK	2004	PAGE 14,386 03/14/05
MOP024			DITND IN DA DITN		NDE OF		03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CASES-	BLIND IN PA-BLI	ND AID CC			~=
20					MON'		-
30 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ST UNITS/DAYS		COST PER
		OR DAYS OF CARE			Y PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00		.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$		\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
	ŭ	ŭ		• 00		• • •	• • • •

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	2	6	Ś	189.58	\$	31.60		94.79	Ś	6.32
HOSP INPATIENT TOTAL	0	0	7	.00	7	.00	.000	.00	-	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		
ADMINISTRATIVE DAYS	0	0								.00
TRANSITIONAL IP CARE		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	2	6		189.58		31.60	.200	94.79		6.32
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	2	6		189.58		31.60	.200	94.79		6.32
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	'	.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		
TRANSITIONAL IP CARE	0	0								.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	•	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MON	NTH-OF-PAYMENT RE	EPOF	RT FOR JAN 2	2004 THRU D	EC 2004	PA	GE 14,387
MOP024	FEE-FOR-SERVICE									03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG C	ASES-	BLIND IN PA-BLIN	ND	AID CODE	2E			
							MO	NTHLY AVERA	GE -	
30 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ZΑ					OST PER
00 221012220	00210	OR DAYS OF CARE		2111 2113 1 1 01120		ER UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	2		\$	189.58		31.60	.200			6.32
COMM HOSP INPATIENT TOTAL	0	0	τ	.00	т	.00	.000	.00	τ	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		
ACCOMMODATIONS										.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00

ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ō	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2	6		189.58		31.60	.200		94.79		6.32
MEDICAL	0	Ō		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	Ō		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	6		189.58		31.60	.200		94.79		6.32
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	8	183	\$	19,151.34	\$	104.65	6.100	\$		\$	638.38
LEV A-INTERMEDIATE	4	91		8,148.14		89.54	3.033		2037.04		271.60
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	4	92		11,003.20		119.60	3.067		2750.80		366.77
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	Ş		\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	8	14	\$	375.77	\$	26.84	.467	\$	46.97	Ş	12.53
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	•	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	8	14	UDDO MO	375.77		26.84	.467	DEC	46.97	Б.	12.53
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE		UKES MC	NTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	AGE 14,388 03/14/05
SHASTA COUNTY			CACEC	- BLIND IN PA-BLI	MD	AID COD	. O.				03/14/03
SHASIA COUNTI	SUMMARI OF SERV	ICES FOR CRAIG	CASES-	- PLIND IN LW-PLI	.ND	AID COD	E ZE M	г∩мп	מדע אנובים	CF.	
30 ELIGIBLES	USERS	UNITS OF SERVI	CF	EXPENDITURES	7/17/27	DACE COST	UNITS/DAY				COST PER
20 FFIGIPTES	USEKS	OR DAYS OF CA		EXPENDITORES			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	2	247	\$	114.64	\$.46	8.233		57.32		3.82
DURABLE MED. EQUIP.	0	0		.00	Ą	.00	.000				.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1	1		17.65		17.65	.033		17.65		.59
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	1	1		17.65		17.65	.033		17.65		.59
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
	Č	V		.00		• • • •	• • • • •		• • • •		• • • •

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	246		96.99	.39	8.200	96.99	3.23
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4	14	\$	367.68	\$ 26.26	.467	\$ 91.92	\$ 12.26

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,389
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

----- MONTHLY AVERAGE -----1,674 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,364 16,655 \$ 912,999.09 \$ 54.82 9.949 \$ 669.35 \$ 545.40 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 241 825 37,122.42 \$ 45.00 .493 \$ 154.03 \$ 22.18 52.89 OUTPATIENT VISITS 94 111 4,971.99 44.79 .066 2.97 62 76 2,580.67 33.96 .045 41.62 1.54 OFFICE VISITS

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	31	32	2,244.72	70.15	.019	72.41	1.34
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	146.60	48.87	.002	48.87	.09
INPATIENT VISITS	17	72	4,024.73	55.90	.043	236.75	2.40
HOSPITAL VISITS	16	58	2,433.65	41.96	.035	152.10	1.45
CRITICAL CARE	2	13	1,580.80	121.60	.008	790.40	.94
SNF/ICF/TRANS IP CARE	1	1	10.28	10.28	.001	10.28	.01
OPHTHALMOLOGICAL SERVICES	3	4	119.07	29.77	.002	39.69	.07
	3	4	119.07	29.77	.002	39.69	.07
EXAMINATIONS	3	0					
SERVICES AND MATERIALS	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	21	1,367.80	65.13	.013	227.97	.82
PRINCIPAL SURGEON	4	7	836.51	119.50	.004	209.13	.50
ASSISTANT SURGEON	2	2	338.79	169.40	.001	169.40	.20
ANESTHESIOLOGIST	1	12	192.50	16.04	.007	192.50	.11
OUTPATIENT SURGERY	13	173	3 , 736.73	21.60	.103	287.44	2.23
PRINCIPAL SURGEON	11	13	3 , 158.63	242.97	.008	287.15	1.89
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	160	578.10	3.61	.096	144.53	.35
DIALYSIS	1	3	200.92	66.97	.002	200.92	.12
PATHOLOGY	4	5	27.31	5.46	.003	6.83	.02
RADIOLOGY	63	134	12,194.36	91.00	.080	193.56	7.28
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	9	3,265.64	362.85	.005	544.27	1.95
	90		•				
OTHER SERVICES/ALL X-OVERS	864	293 5,462 \$	7,213.87	24.62 \$ 61.11	.175	80.15	4.31
@PHARMACY		- ,	333,779.00		3.263 \$		
PRESCRIPTION DRUGS	841	3,123	328,752.63	105.27	1.866	390.91	196.39
SNF/ICF	84	451	29,754.58	65.97	.269	354.22	17.77
OUTPATIENTS	762	2 , 672	298,998.05	111.90	1.596	392.39	178.61
MEDICAL SUPPLIES	58	2,339	5,026.37	2.15	1.397	86.66	3.00
@DENTIST	62	280 \$	12,302.80	\$ 43.94	.167 \$	198.43	\$ 7.35
VISITS - DIAGNOSTIC	39	165	1,982.00	12.01	.099	50.82	1.18
ORAL SURGERY	5	19	1,067.00	56.16	.011	213.40	.64
DRUGS	2 2	5	75.00	15.00	.003	37.50	.04
ANESTHESIA	2	2	200.00	100.00	.001	100.00	.12
PERIODONTICS	8	8	733.00	91.63	.005	91.63	. 44
ENDODONTICS	5	5	995.00	199.00	.003	199.00	.59
RESTORATIVE DENTISTRY	19	52	3,601.00	69.25	.031	189.53	2.15
PROSTHETICS	2	2	30.00	15.00	.001	15.00	.02
DENTURES, STAYPLATES	4	19	1,386.00	72.95	.011	346.50	.83
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	3	2,233.80	744.60	.002	2233.80	1.33
	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0					.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES			.00	.00	.000	.00	.00
		ES AND EXPENDITURES M	ONTH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU DE	2 2004	PAGE 14,390
	FEE-FOR-SERVICE				_		03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CASES	- DISABLED IN PA-	DISABLED AID CO			
					MON'		
1,674 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER
_		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	28	80 \$	1,721.45		.048 \$		•
DIAGNOSTIC AND ANC. PROCED	16	17	684.84	40.28		42.80	.41
EYE APPLIANCES	21	59	930.15	15.77	.035	44.29	.56
OTHER OPTOMETRIC SERVICES	3	4	106.46	26.62	.002	35.49	.06

A GUITR A DRIA GEOR	0	1.0	<u>^</u>	107.06	<u> </u>	15 61	007	<u> </u>	00 41	<u> </u>	1.1
@CHIROPRACTOR	8	12	\$	187.26	\$	15.61	.007	Ş	23.41	\$.11
VISITS	7	11		183.92		16.72	.007		26.27		.11
OTHER SERVICES	1	1	_	3.34	_	3.34	.001	_	3.34	_	.00
@PODIATRIST	2	2	\$	11.04	\$	5.52	.001	Ş	5.52	Ş	.01
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	2	2		11.04		5.52	.001		5.52		.01
@HOME HEALTH AGENCY	4	28	\$	1,763.11	\$	62.97	.017	\$	440.78	\$	1.05
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00		.00
FAMILY NURSE PRACTITIONER	1	1	Ś	24.00	Ś	24.00	.001	Ś	24.00		.01
@TOTAL HOSPITAL	120	625	Ś	131,925.88	Ś	211.08			1099.38		78.81
HOSP INPATIENT TOTAL	16	37	т	112,404.94	Ψ.	3037.97	.022	Τ.	7025.31	т	67.15
HSC HOSPITALS	1	15		18,750.00		1250.00	.009		18750.00		11.20
NON-HSC HOSPITAL TOTAL	8	22		87,314.38		3968.84	.013		10914.30		52.16
ACCOMMODATIONS	8	22		11,132.42		506.02	.013		1391.55		6.65
	0	0				.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00							
TRANSITIONAL IP CARE	-			.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	22		11,132.42		506.02	.013		1391.55		6.65
ANCILLARIES	8	0		76,181.96		.00	.000		9522.75		45.51
INPATIENT CROSSOVERS	7	0		6,340.56		.00	.000		905.79		3.79
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	105	588		19,520.94		33.20	.351		185.91		11.66
MEDICAL	33	47		1,569.14		33.39	.028		47.55		.94
SURGERY	5	5		296.43		59.29	.003		59.29		.18
PATHOLOGY	25	152		1,438.38		9.46	.091		57.54		.86
RADIOLOGY	28	58		4,976.19		85.80	.035		177.72		2.97
ROOM USE	51	59		2,433.90		41.25	.035		47.72		1.45
CROSSOVERS/ALL OTH OUTPINT	65	267		8,806.90		32.98	.159		135.49		5.26
@COUNTY HOSPITAL TOTAL	2	4	\$	145.23	\$	36.31	.002	\$	72.62	\$.09
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	4		145.23		36.31	.002		72.62		.09
MEDICAL	2	2		73.85		36.93	.001		36.93		.04
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	2		71.38		35.69			35.69		.04
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00			.00		.00
		CES AND EXPENDITUR	DEC MC								AGE 14,391
			CES MC	JNIH-OF-PAIMENI K.	EFUR	I FOR JAN	2004 INKO	DEC	2004	E E	
MOP024	FEE-FOR-SERVICE		13 OE O	DICADIED IN DA	DICA	DIED AID C	ODE CE				03/14/05
SHASTA COUNTY	SUMMAKI OF SERV	VICES FOR CRAIG C	ASES-	- DISADIED IN PA-	ртрА	DIEN AID C		_ NTIT	יי מודוג ער דווו אווו ער דווו	CF.	
1 674 ELICIDIES	HOEDO	IINITHO OF CERTIFOR	,	EADEMPILLIDEO	71. 77	EDACE COCE	M				
1,674 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
QCOMMINITELY HOCKETS TOWAR	110	OR DAYS OF CARE		121 700 65		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	118	621	Þ	131,780.65	\$	212.21	.3/1	Þ	1116.79	Þ	78.72

COMM HOSP INPATIENT TOTAL	16	37		112,404.94		3037.97	.022		7025.31		67.15
HSC HOSPITALS	1	15		18,750.00		1250.00	.009		18750.00		11.20
NON-HSC HOSPITALS TOTAL	8	22		87,314.38		3968.84	.013		10914.30		52.16
ACCOMMODATIONS	8	22		11,132.42		506.02	.013		1391.55		6.65
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0										
ALL OTHER ACCOM	8	22		11,132.42		506.02	.013		1391.55		6.65
ANCILLARIES	8	0		76 , 181.96		.00	.000		9522.75		45.51
INPATIENT CROSSOVERS	7	0		6,340.56		.00	.000		905.79		3.79
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	103	584		19,375.71		33.18	.349		188.11		11.57
MEDICAL	31	45		1,495.29		33.23	.027		48.24		.89
SURGERY	5	5		296.43		59.29	.003		59.29		.18
PATHOLOGY	25	152		1,438.38		9.46	.091		57.54		.86
RADIOLOGY	28	58		4,976.19		85.80	.035		177.72		2.97
ROOM USE	49	57		2,362.52		41.45	.034		48.21		1.41
CROSSOVERS/ALL OTH OUTPTNT	= =	267		8,806.90		32.98	.159		135.49		5.26
	0		Ċ		Ċ			<u>_</u>		Ċ	
@STATE HOSPITAL	-	0	\$.00	\$.00	.000	Þ	.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	46	956	\$	133,848.92	\$	140.01	.571	\$		\$	79.96
LEV A-INTERMEDIATE	6	136		12,241.40		90.01	.081		2040.23		7.31
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	3	34		18,807.10		553.15	.020		6269.03		11.23
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	37	786		102,800.42		130.79	.470		2778.39		61.41
@INTERMEDIATE CARE FACILDD	39	867	\$	168,834.43	\$	194.73		Ċ	4329.09	Ċ	100.86
-	20	410	Ą	71,464.81	Ą	174.30		Ą	3573.24	ې	
ICF DDH				•			.245				42.69
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	19	457		97 , 369.62		213.06	.273		5124.72		58.17
@HEMODIALYSIS TOTAL	9	10	\$	5,352.11	\$	535.21	.006	\$	594.68	\$	3.20
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	9	10		5,352.11		535.21	.006		594.68		3.20
@REHABILITATION FACILITY	6	33	\$	451.42	\$	13.68	.020	\$	75.24	\$.27
HOSPITAL BASED	1	5		87.38		17.48	.003		87.38		.05
INDEPENDENT FACILITY	5	28		364.04		13.00	.017		72.81		.22
@LABORATORY FACILITY	53	248	\$	2,835.86	\$	11.43	.148	Ś	53.51	Ś	1.69
PATHOLOGY	51	242	7	2,825.59	7	11.68	.145	т.	55.40	т	1.69
XO AND OTHERS	2	6		10.27		1.71	.004		5.14		.01
@ORGANIZED OUTPATIENT CLINIC	308	447	\$	34,699.58	\$	77.63	.267	Ċ		\$	20.73
_	3		Ą	112.79	Ą		.002	Ą	37.60	ې	.07
CLINIC	3	4				28.20					
SURGICENTER	8	16		1,169.16		73.07	.010		146.15		.70
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	298	427		33,417.63		78.26	.255		112.14		19.96
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	P7	AGE 14,392
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
SHASTA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG (CASES-	- DISABLED IN PA-I	DISAE	BLED AID CO	DDE 6E				
							M	ONT	HLY AVERA	GE ·	
1,674 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
_,		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	192	6,779		48,139.81	\$	7.10	4.050				28.76
DURABLE MED. EQUIP.	17	32	Y	2,912.02	Y	91.00	.019	7	171.30	٧	1.74
				•							
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	3	5		125.00		25.00	.003		41.67		.07
MEDICAL TRANSPORTATION	31	2,179		8,256.46		3.79	1.302		266.34		4.93

AMBULANCES/AIR TRANS	9	81	1,754.64		21.66	.048	194.96	1.05
OTHER TRANS	23	2,095	4,678.10		2.23	1.251	203.40	2.79
OTHER SERVICES	3	3	1,823.72	6	507.91	.002	607.91	1.09
ACUPUNCTURE	1	2	43.25		21.63	.001	43.25	.03
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	6	1,121	27,986.35		24.97	.670	4664.39	16.72
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	19	46	429.76		9.34	.027	22.62	.26
PHYSICAL THERAPIST	4	25	314.85		12.59	.015	78.71	.19
PORTABLE X-RAY	1	4	123.10		30.78	.002	123.10	.07
PROSTHETIST/ORTHOTISTS	2	4	379.57		94.89	.002	189.79	.23
PROSTHETICS	2	4	379.57		94.89	.002	189.79	.23
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	8	389.81		48.73	.005	97.45	.23
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	38	562	3,726.64		6.63	.336	98.07	2.23
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	71	2,791	3,453.00		1.24	1.667	48.63	2.06
@CALIF. CHILDREN SERVICES*	22	86	\$ 7,892.75		91.78	.051		
@XOVER EXCLUDING STATE HOSP**	148	668	\$ 19,628.08	\$	29.38	.399	\$ 132.62	\$ 11.73

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,393
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SHASTA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----USERS 1,946 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,614 25,358 \$ 13.031 \$ 1,188,691.81 \$ 46.88 736.49 \$ 610.84 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 267 900 37,798.71 \$ 42.00 .462 \$ 141.57 \$ 19.42 94 OUTPATIENT VISITS 111 4,971.99 44.79 .057 52.89 2.55 76 2,580.67 33.96 .039 41.62 OFFICE VISITS 1.33 0 0 .00 .000 .00 HOME VISITS .00 .00 31 0 0 3 17 16 2 32 2,244.72 EMERGENCY ROOM 70.15 .016 72.41 1.15 0 0 3 72 58 .00 PREVENTIVE CARE .00 .000 .00 .00 .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 OTHER OUTPATIENT 146.60 48.87 .002 48.87 .08 55.90 .037 236.75 4,024.73 INPATIENT VISITS HOSPITAL VISITS 2,433.65 41.96 .030 152.10 1.25 CRITICAL CARE 1,580.80 121.60 .007 790.40 .81 SNF/ICF/TRANS IP CARE 10.28 10.28 .001 10.28 29.77 OPHTHALMOLOGICAL SERVICES 119.07 .002 39.69 4 .06 119.07 29.77 39.69 EXAMINATIONS 4 .002 .06 4 0 21 7 .00 .00 .000 .00 SERVICES AND MATERIALS 1,367.80 227.97 INPATIENT HOSPITAL SURGERY 65.13 .011 .70 7 836.51 209.13 PRINCIPAL SURGEON 119.50 .004 .43 338.79 169.40 .001 169.40 ASSISTANT SURGEON .17 12 192.50 ANESTHESIOLOGIST 1 192.50 16.04 .006 .10 13 173 OUTPATIENT SURGERY 3,736.73 21.60 .089 287.44 1.92 PRINCIPAL SURGEON 3,158.63 242.97 .007 287.15 1.62

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	4	160		578.10		3.61	.082		144.53		.30
DIALYSIS	1	3		200.92		66.97	.002		200.92		.10
PATHOLOGY	4	5		27.31		5.46	.003		6.83		.01
RADIOLOGY	63	134		12,194.36		91.00	.069		193.56		6.27
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	6	9		3,265.64		362.85	.005		544.27		1.68
OTHER SERVICES/ALL X-OVERS	116	368		7,890.16		21.44			68.02		4.05
@PHARMACY	1,025	11,386	\$	377 , 516.08	\$		5.851	\$		\$	194.00
PRESCRIPTION DRUGS	995	3,943		372,010.33		94.35	2.026		373.88		191.17
SNF/ICF	160	1,031		60 , 683.37		58.86	.530		379.27		31.18
OUTPATIENTS	841	2,912				106.91	1.496		370.19		159.98
MEDICAL SUPPLIES	70	7,443		5,505.75		.74	3.825		78.65		2.83
@DENTIST	67	296	\$	13,078.80	\$.152	\$	195.21	\$	6.72
VISITS - DIAGNOSTIC	43	175		2,148.00		12.27			49.95		1.10
ORAL SURGERY	5	19		1,067.00		56.16	.010		213.40		.55
DRUGS	2	5		75.00		15.00	.003		37.50		.04
ANESTHESIA	2	2		200.00		100.00	.001		100.00		.10
PERIODONTICS	8	8		733.00		91.63	.004		91.63		.38
ENDODONTICS	5	5		995.00		199.00	.003		199.00		.51
RESTORATIVE DENTISTRY	19	52		3,601.00		69.25	.027		189.53		1.85
PROSTHETICS	2	2		30.00		15.00	.001		15.00		.02
DENTURES, STAYPLATES	7	25		1,996.00		79.84	.013		285.14		1.03
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	3		2,233.80		744.60	.002		2233.80		1.15
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		URES MC	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 14,394
MOP024	FEE-FOR-SERVICE/DENTA		~-~-								03/14/05
SHASTA COUNTY	SUMMARY OF SERVICES FO	OR CRAIG	CASES-	- TOTAL IN PA-TOTA	AL						

----- MONTHLY AVERAGE -----

1,946 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	32	90 \$	1,928.23	\$ 21.42	.046 \$	60.26	\$.99
DIAGNOSTIC AND ANC. PROCED	17	18	732.29	40.68	.009	43.08	.38
EYE APPLIANCES	24	68	1,089.48	16.02	.035	45.40	.56
OTHER OPTOMETRIC SERVICES	3	4	106.46	26.62	.002	35.49	.05
@CHIROPRACTOR	8	12 \$	187.26	\$ 15.61	.006 \$		
VISITS	7	11	183.92	16.72	.006	26.27	.09
OTHER SERVICES	1	1	3.34	3.34	.001	3.34	.00
@PODIATRIST	4	4 \$	17.24	\$ 4.31	.002 \$		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	4	17.24	4.31	.002	4.31	.01
@HOME HEALTH AGENCY	4	28 \$	1,763.11	\$ 62.97	.014 \$		\$.91
NURSE ANESTHESIST	Ô	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	1	1 \$	24.00	\$ 24.00	.001 \$		\$.01
@TOTAL HOSPITAL	135	665 \$	135,806.62	\$ 204.22	.342 \$		\$ 69.79
HOSP INPATIENT TOTAL	20	37	115,785.39	3129.33	.019	5789.27	59.50
HSC HOSPITALS	20	15	18,750.00	1250.00	.008	18750.00	9.64
NON-HSC HOSPITAL TOTAL	1	22	87,314.38	3968.84	.011	10914.30	44.87
ACCOMMODATIONS	0	22	11,132.42	506.02	.011	1391.55	5.72
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	8	22	11,132.42	506.02	.011	1391.55	5.72
ALL OTHER ACCOM	8	0		.00	.011	9522.75	39.15
ANCILLARIES	11	0	76,181.96			883.73	5.00
INPATIENT CROSSOVERS	0	-	9,721.01	.00	.000		
ALL OTHER INPATIENT	•	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	116	628	20,021.23	31.88	.323	172.60	10.29
MEDICAL	33	47	1,569.14	33.39	.024	47.55	.81
SURGERY	5	5	296.43	59.29	.003	59.29	.15
PATHOLOGY	25	152	1,438.38	9.46	.078	57.54	.74
RADIOLOGY	28	58	4,976.19	85.80	.030	177.72	2.56
ROOM USE	51	59	2,433.90	41.25	.030	47.72	1.25
CROSSOVERS/ALL OTH OUTPINT	76	307	9,307.19	30.32	.158	122.46	4.78
@COUNTY HOSPITAL TOTAL	2	4 \$	145.23	\$ 36.31	.002 \$		•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	-	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	U	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	4	145.23	36.31	.002	72.62	.07
MEDICAL	2	2	73.85	36.93	.001	36.93	.04
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	Ü	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	71.38	35.69	.001	35.69	.04
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV M	EDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 14,395

MOP024 FEE-FOR-SERVICE/DENTAL
SHASTA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL 03/14/05

SHASTA COUNTY	SUMMARY OF SERVI	CES FOR CRAIG CASES	S- TOTAL IN PA-TOT	AL	MONI		20
1,946 ELIGIBLES	USERS	UNITS OF SERVICE	EADENDIMIDES	AVERAGE COST	MON'		COST PER
1,940 ELIGIBLES	USERS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	122	OR DAIS OF CARE	135,661.39	\$ 205.24		1020.01	
COMM HOSP INPATIENT TOTAL	133 20		115,785.39		.019	5789.27	59.50
	20	37 15 22 22 0 0 22 0 0 0 0	115, 785.39		.008		9.64
HSC HOSPITALS	1	15	18,750.00	1250.00		18750.00	
NON-HSC HOSPITALS TOTAL	8	22	87,314.38		.011	10914.30	44.87
ACCOMMODATIONS	8	22	11,132.42	506.02	.011	1391.55	5.72
ADMINISTRATIVE DAYS	8 0 0 8 8 11	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	22	11,132.42 76,181.96 9,721.01	506.02	.011	1391.55	5.72
ANCILLARIES	8	0	76,181.96	.00	.000	9522.75	39.15
INPATIENT CROSSOVERS	11	0	9,721.01	.00 .00 31.85 33.23 59.29	.000	883.73	5.00
	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	114	624	19,876.00	31.85	.321	174.35	10.21
MEDICAL	31	45	1,495.29	33 23	.023	48 24	.77
SURGERY	5	5	296.43	50.20	.003	48.24 59.29	.15
PATHOLOGY	25	152	1,438.38	9.46	.078	57.54	.74
	23	132		9.40			2.56
RADIOLOGY	25 28 49	58	4,976.19	9.46 85.80 41.45	.030	177.72	
ROOM USE	49	5 /	2,362.52	41.45	.029	48.21	1.21
CROSSOVERS/ALL OTH OUTPTNT	/6	45 5 152 58 57 307 0 \$ 0	9,307.19	30.32	.158	122.46	4.78
@STATE HOSPITAL	0	0 \$.00		.000 \$		•
MENTALLY ILL	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0 0 133 26 1	0 2 , 774 \$	•	\$ 127.20			\$ 181.32
LEV A-INTERMEDIATE	26		50,324.06	89.54	.289	1935.54	25.86
LEV B-REHAB MD	1	30	3 , 759.60	125.32	.015	3759.60	1.93
		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED	3	562 30 0 34 0 2,148 867 \$ 410	18,807.10	553.15	.017	6269.03	9.66
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	103	2,148	279,949.07	130.33	1.104	2717.95	143.86
@INTERMEDIATE CARE FACILDD	39	867 \$		\$ 194.73	.446 \$	4329.09	\$ 86.76
TCF DDH	20	410	71,464.81	174.30	.211	3573.24	36.72
TCF DD	0	0	.00	.00	.000	.00	.00
ICE DDN/DDCN	1 9	457	97,369.62	213.06	.235	5124.72	50.04
AHEMODIALVSIS TOTAL	11	12 \$	6,392.46	\$ 532.71	.006 \$		
HOCDIMAL DACED	11	0	.00	.00	.000	.00	.00
HEMODIALVETE CENTED	1 1	12	6,392.46	532.71	.006	581.13	3.28
ADEIDDITEDATION EXCITED	11	33 \$		\$ 13.68	.017 \$		
GREHABILITATION FACILITY	0		451.42	•	·		
HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	1	5	87.38	17.48	.003	87.38	.04
INDEPENDENT FACILITY	5	28	364.04	13.00	.014	72.81	.19
@LABORATORY FACILITY	53	248 \$	•	\$ 11.43	.127 \$	53.51	•
PATHOLOGY	51	242	2 , 825.59		.124	55.40	1.45
XO AND OTHERS	2	6	10.27		.003	5.14	.01
@ORGANIZED OUTPATIENT CLINIC	341	495 \$	36 , 075.35		.254 \$	105.79	
CLINIC	3	4	112.79	28.20	.002	37.60	.06
SURGICENTER	8	16	1,169.16	73.07	.008	146.15	.60
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	331	475	34,793.40	73.25	.244	105.12	17.88
	MEDI-CAL SERVICE	S AND EXPENDITURES M	ONTH-OF-PAYMENT R				PAGE 14,396
MOP024	FEE-FOR-SERVICE/						03/14/05
SHASTA COUNTY		CES FOR CRAIG CASES	- TOTAL IN PA-TOT	AL			,, 50
					MON'	THIY AVERAG	EE
1 046 51 10151 50		INITES OF SERVICE	EVERNETHUSE?			COCE DED	COCH DED

1,946 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	(OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	229	7 , 547	\$	53,142.41	\$ 7.04	3.878	\$ 232.06	\$ 27.31
DURABLE MED. EQUIP.	17	32		2,912.02	91.00	.016	171.30	1.50
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	7		1,046.98	149.57	.004	209.40	.54
MEDICAL TRANSPORTATION	53	2 , 670		10,672.17	4.00	1.372	201.36	5.48
AMBULANCES/AIR TRANS	9	81		1,754.64	21.66	.042	194.96	.90
OTHER TRANS	44	2 , 565		7,063.47	2.75	1.318	160.53	3.63
OTHER SERVICES	5	24		1,854.06	77.25	.012	370.81	.95
ACUPUNCTURE	1	2		43.25	21.63	.001	43.25	.02
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	11	1,136		29 , 399.95	25.88	.584	2672.72	15.11
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	21	50		484.20	9.68	.026	23.06	.25
PHYSICAL THERAPIST	4	25		314.85	12.59	.013	78.71	.16
PORTABLE X-RAY	1	4		123.10	30.78	.002	123.10	.06
PROSTHETIST/ORTHOTISTS	2	4		379.57	94.89	.002	189.79	.20
PROSTHETICS	2	4		379.57	94.89	.002	189.79	.20
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	8		389.81	48.73	.004	97.45	.20
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	38	562		3,726.64	6.63	.289	98.07	1.92
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	79	3,047		3,649.87	1.20	1.566	46.20	1.88
@CALIF. CHILDREN SERVICES*	22	86	\$	7,892.75	\$ 91.78	.044	\$ 358.76	\$ 4.06
@XOVER EXCLUDING STATE HOSP**	204	814	\$	39,422.04	\$ 48.43	.418	\$ 193.25	\$ 20.26

DER HINTT/DAV DER ELIG HIGER

FITCIBLE

OR DAVS OF CARE

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,397 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SHASTA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

011110111 0001111	COMMING OF CHANGED FOR FORMER CHANGES							
						MOI	NTHLY AVERA	.GE
421,793 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	284 , 988	3,865,060	\$	170,677,153.84	\$ 44.16	9.163	\$ 598.89	\$ 404.65
@PHYSICIANS SERVICES	71,848	271 , 877	\$	10,372,719.00	\$ 38.15	.645	\$ 144.37	\$ 24.59
OUTPATIENT VISITS	35 , 420	52 , 940		2,204,549.42	41.64	.126	62.24	5.23
OFFICE VISITS	17,062	21,054		710,191.72	33.73	.050	41.62	1.68
HOME VISITS	5	13		466.47	35.88	.000	93.29	.00
EMERGENCY ROOM	18,090	21,726		1,241,939.53	57.16	.052	68.65	2.94
PREVENTIVE CARE	90	92		3,713.28	40.36	.000	41.26	.01
OB VISITS/COMPRE PERI	1,337	9,408		227,345.85	24.17	.022	170.04	.54
OTHER OUTPATIENT	593	647		20,892.57	32.29	.002	35.23	.05
INPATIENT VISITS	4,298	17 , 338		1,070,127.76	61.72	.041	248.98	2.54
HOSPITAL VISITS	3,780	13,807		625 , 991.51	45.34	.033	165.61	1.48
CRITICAL CARE	643	3,036		432,931.34	142.60	.007	673.30	1.03
SNF/ICF/TRANS IP CARE	325	495		11,204.91	22.64	.001	34.48	.03
OPHTHALMOLOGICAL SERVICES	962	1,070		46,244.88	43.22	.003	48.07	.11
EXAMINATIONS	959	1,067		46,169.59	43.27	.003	48.14	.11
SERVICES AND MATERIALS	3	3		75.29	25.10	.000	25.10	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	2,925	32,500		1,448,345.03		44.56	.077		495.16		3.43
PRINCIPAL SURGEON		3,006		1,187,652.97		395.09			558.90		
ASSISTANT SURGEON	299	•		52,924.49		174.09			177.00		.13
ANESTHESIOLOGIST	937	29,190		207,767.57		7.12			221.74		.49
OUTPATIENT SURGERY	6,057	54,162							204.34		2.93
PRINCIPAL SURGEON	5,263	6,789		1,061,681.81		156.38	.016		201.73		2.52
		100		11,577.82		115.78	.000		115.78		.03
ANESTHESIOLOGIST	100 1 , 125	47,273		164,401.88		3.48	.112		146.14		.39
DIALYSIS	152	483		40,385.34		22.85 156.38 115.78 3.48 83.61	.001		265.69		.10
PATHOLOGY	2,355	4,549		44,779.26		9.84	.011		19.01		.11
RADIOLOGY	20,803	37,508		2,263,354.08					108.80		5.37
PSYCHIATRY	. 9	. 9		583.97		64.89	.000		64.89		.00
IMMUNIZATION AND INJECTION	1,341	6,432		680,666.73		105.83					
OTHER SERVICES/ALL X-OVERS				1,336,021.02		20.59			59.46		3.17
@PHARMACY		1,528,206			\$	41.87	3.623			\$	
PRESCRIPTION DRUGS	180,394	741,288		62,511,516.12		84.33	1.757		346.53		148.20
SNF/ICF	8,994	70,033		4,444,852.98		63.47	.166		494.20		10.54
OUTPATIENTS	171,713	671 , 255		58,066,663.14		63.47 86.50 1.87	1.591		338.16		137.67
MEDICAL SUPPLIES	12,287	786,918		1,470,130.94		1.87	1.866		119.65		3.49
A DENTITET	171,713 12,287 18,457	94,866	\$	3,265,852.85	\$	34.43	.225	\$	176.94	\$	7.74
VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA	13,268	63,257		820,701.23		12.97	.150		61.86		1.95
ORAL SURGERY	2 , 975	7,801		478,285.64		61.31	.018		160.77		1.13
DRUGS	282	543		7,801.75		14.37	.001		27.67		.02
ANESTHESIA	454	458		42,800.00		93.45	.001		94.27		.10
PERIODONTICS	643	666		68,158.00		102.34	.002		106.00		.16
ENDODONTICS	1,410	2,289		408,170.80		178.32			289.48		.97
RESTORATIVE DENTISTRY	5,449	15,070		923,433.15		61.28			169.47		2.19
PROSTHETICS	80	84		2,878.50		34.27			35.98		.01
DENTURES, STAYPLATES	1,256	3,286		430,459.92		131.00	.008		342.72		1.02
SPACE MAINTAINERS	114	143		16,363.00		114.43	.000		143.54		.04
MAXILLOFACIAL SERVICES	34	44		9,258.02		210.41 838.78 75.89	.000		272.29 931.98		.02
FRACTURES, DISLOCATIONS	9	10		8,387.84		838.78	.000		931.98		.02
ORTHODONTIC SERVICES	486	622		47,205.00		75.89	.001		97.13		.11
ALL OTHER SERVICES	361	593		1,950.00		3.29	.001		5.40		.00
#CALIF DEPT OF HEALTH SERV			RES M	MONTH-OF-PAYMENT RI	EPOR'	r for jan	2004 THRU	DEC	2004	P.	AGE 14,398
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
SHASTA COUNTY	SUMMARY OF SERV	VICES FOR TOTAL	CERTI	FIED							
							M			-	
421,793 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVI	ERAGE COS'	T UNITS/DAY	S	COST PER	1	COST PER

421,793 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	8,022	23,065	\$ 514,557.33	\$	22.31	.055	\$	64.14	\$ 1.22
DIAGNOSTIC AND ANC. PROCED	4,484	4,737	198,953.34		42.00	.011		44.37	.47
EYE APPLIANCES	5 , 871	17 , 169	291,473.68		16.98	.041		49.65	.69
OTHER OPTOMETRIC SERVICES	733	1 , 159	24,130.31		20.82	.003		32.92	.06
@CHIROPRACTOR	3 , 989	6,242	\$ 103,232.34	\$	16.54	.015	\$	25.88	\$.24
VISITS	3 , 847	6,042	100,534.98		16.64	.014		26.13	.24
OTHER SERVICES	145	200	2,697.36		13.49	.000		18.60	.01
@PODIATRIST	576	742	\$ 8,613.73	\$	11.61	.002	\$	14.95	\$.02
MEDICINE/INJECTIONS	118	136	3,630.16		26.69	.000		30.76	.01
SURGERY/ANES.	2	3	743.59		247.86	.000		371.80	.00
RADIO./PATHOLOGY	2	2	41.52		20.76	.000		20.76	.00
OTHER	457	601	4,198.46		6.99	.001		9.19	.01
@HOME HEALTH AGENCY	1,829	51 , 981	\$ 1,700,043.78	\$	32.71	.123	\$	929.49	\$ 4.03
NURSE ANESTHESIST	56	781	\$ 6,064.58	\$	7.77	.002	\$	108.30	\$.01
NURSE MIDWIFE	8	12	\$ 2,377.33	\$	198.11	.000	\$	297.17	\$.01
PEDIATRIC NURSE PRACTITIONER	0	2CR	\$ 24.00CR	\$	12.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	537	765	\$ 17,821.94	\$ 23.30	.002	\$ 33.19	\$.04
@TOTAL HOSPITAL	42,655	234,630	\$ 36,438,935.84	\$ 155.30	.556	\$ 854.27	\$ 86.39
HOSP INPATIENT TOTAL	4,967	19,336	30,298,526.66	1566.95	.046	6099.97	71.83
HSC HOSPITALS	342	2,500	3,627,583.95	1451.03	.006	10606.97	8.60
NON-HSC HOSPITAL TOTAL	3 , 532	16,836	25,656,061.18	1523.88	.040	7263.89	60.83
ACCOMMODATIONS	3 , 521	16,836	7,720,813.16	458.59	.040	2192.79	18.30
ADMINISTRATIVE DAYS	18	183	39,132.51	213.84	.000	2174.03	.09
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM		16,653	7,681,680.65	461.28	.039	2190.39	
ANCILLARIES	3,529	0	17,935,248.02	.00	.000	5082.25	42.52
INPATIENT CROSSOVERS	1,118	0	1,014,881.53	.00	.000	907.77	2.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	39 , 332	215,294		28.52	.510	156.12	14.56
MEDICAL	11,833	18,038	656 , 788.28	36.41	.043	55.50	1.56
SURGERY	4,344	5,170	190,923.18	36.93		43.95	.45
PATHOLOGY	13,304	55 , 392					1.59
RADIOLOGY	9 , 755	14,065	911,452.64	64.80			2.16
ROOM USE	28,538	40,532	1,479,635.88	36.51	.096	51.85	3.51
CROSSOVERS/ALL OTH OUTPINT	20,160	82 , 097	2,228,978.49		.195	110.56	5.28
@COUNTY HOSPITAL TOTAL	227	1,093	\$ 161,674.54	\$		\$ 712.22	\$.38
CO HOSPITAL INPATIENT TOTAL	16	205	134,931.45	658.20	.000	8433.22	.32
HSC HOSPITALS	9	36	46,586.02	1294.06	.000	5176.22	.11
NON-HSC HOSPITALS TOTAL	6	169	•	522.68		14722.23	.21
ACCOMMODATIONS	6	169	40,729.50	241.00	.000	6788.25	.10
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	169	•	241.00	.000	6788.25	.10
ANCILLARIES	6	0	47,603.87	.00	.000	7933.98	.11
INPATIENT CROSSOVERS	1	0	12.06	.00	.000	12.06	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	214	888	26,743.09				
MEDICAL	106	151	7,951.16	52.66	.000	75.01	.02

SURGERY	16	23	1,006.23	43.75	.000	62.89	.00		
PATHOLOGY	71	316	3,856.60	12.20	.001	54.32	.01		
RADIOLOGY	37	57	3,291.15	57.74	.000	88.95	.01		
ROOM USE	124	183	7,535.96	41.18	.000	60.77	.02		
CROSSOVERS/ALL OTH OUTPINT	61	158	3,101.99	19.63	.000	50.85	.01		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 14,399		
MOP024	FEE-FOR-SERVICE/DENTA	-FOR-SERVICE/DENTAL							
SHASTA COUNTY	SUMMARY OF SERVICES F	OR TOTAL CER	PIFIED						

SHASTA COUNTY	SUMMARY OF SER	VICES FOR TOTAL	CERTI	FIED					
						MC	NTHLY AVERA	GΕ	
421,793 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E.		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	42,452	233,537	\$	36,277,261.30	\$ 155.34	.554	\$ 854.55	\$	86.01
COMM HOSP INPATIENT TOTAL	4,952	19,131		30,163,595.21	1576.69	.045	6091.19		71.51
HSC HOSPITALS	333	2,464		3,580,997.93	1453.33	.006	10753.75		8.49
NON-HSC HOSPITALS TOTAL	3,526	16,667		25,567,727.81	1534.03	.040	7251.20		60.62
ACCOMMODATIONS	3,515	16,667		7,680,083.66	1534.03 460.80	.040	2184.95		18.21
ADMINISTRATIVE DAYS	. 18	183		39,132.51	213.84	.000	2174.03		.09
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	3,501	16,484		7,640,951.15	463.54	.039	2182.51		18.12
ANCILLARIES	3,523			17,887,644.15	.00	.000	5077.39		42.41
INPATIENT CROSSOVERS	1,117	0		1,014,869.47	.00	.000	908.57		2.41
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	39,137	214,406		6,113,666.09	28.51	.508	156.21		14.49
MEDICAL MEDICAL	11,734	17,887		648,837.12	36.27	.042	55.30		1.54
SURGERY	4,328	5 , 147		189,916.95	36.90	.012	43.88		.45
PATHOLOGY	13,234	55,076		668,774.11	12.14	.131	50.53		1.59
RADIOLOGY	9,719	14,008		908,161.49	64.83	.033	93.44		2.15
ROOM USE	28,425	40,349		1,472,099.92	36.48	.096	51.79		3.49
CROSSOVERS/ALL OTH OUTPTNT		81,939		2,225,876.50	27.17	.194	110.74		5.28
@STATE HOSPITAL	20,100	350	\$		\$ 518.04		\$ 20146.00	Ċ	.43
MENTALLY ILL	0	0	Ą	.00	.00	.000	.00	۲	.00
	9	350		181,313.99	518.04	.000	20146.00		.43
DEVELOP. DISABLED		206,300	\$	23,293,916.09	\$ 112.91		\$ 3208.53	ċ	55.23
@NURSING FACILITY	7,260		Ą					Þ	
LEV A-INTERMEDIATE	540	13,491		1,003,923.79	74.41	.032	1859.12		2.38
LEV B-REHAB MD	60	1,861		225,816.20	121.34	.004	3763.60		.54
LEV B-SUBACUTE FREESTANDING		443		180,451.96	407.34	.001	11278.25		.43
LEV B-SUBACUTE HSPTL BASED	47	1,260		694,461.57	551.16	.003	14775.78		1.65
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	6,625	189,245	_	21,189,262.57	111.97	.449	3198.38	_	50.24
@INTERMEDIATE CARE FACILDD	1,695	51,006	\$	8,842,067.78	\$ 173.35		\$ 5216.56	Ş	20.96
ICF DDH	1,079	32,186		5,106,036.71	158.64	.076	4732.19		12.11
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	618	18,820		3,736,031.07	198.51	.045	6045.36		8.86
@HEMODIALYSIS TOTAL	570	11,660	\$	710,772.24	\$ 60.96		\$ 1246.97	\$	1.69
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	570	11,660		710,772.24	60.96	.028	1246.97		1.69
@REHABILITATION FACILITY	393	5 , 250	\$	64,764.74	\$ 12.34		\$ 164.80	\$.15
HOSPITAL BASED	43	260		5 , 856.86	22.53	.001	136.21		.01
INDEPENDENT FACILITY	350	4,990		58 , 907.88	11.81	.012	168.31		.14
@LABORATORY FACILITY	21,408	82 , 457	\$	1,068,432.57	\$ 12.96	.195	\$ 49.91	\$	2.53
PATHOLOGY	20,715	81,106		1,036,158.42	12.78	.192	50.02		2.46
XO AND OTHERS	693	1,351		32,274.15	23.89	.003	46.57		.08
@ORGANIZED OUTPATIENT CLINIC	94,011	147,497	\$	13,307,194.83	\$ 90.22	.350	\$ 141.55	\$	31.55
CLINIC	4,013	11,989		371,590.77	30.99	.028	92.60		.88
SURGICENTER	1,127	3,614		225,537.67	62.41	.009	200.12		.53
HEROIN DETOX CLINIC	. 11	118		1,451.21	12.30	.000	131.93		.00

RURAL HEALTH CLINIC 89,813 131,776 12,708,615.18 96.44 .312 141.50 30.13 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 14,400 O3/14/05 SHASTA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

SHASTA COUNTY	SUMMARY OF SER	VICES FOR TOTAL	CERTI	FIED					
							NTHLY AVERA	-	
421,793 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST				OST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	_	USER		LIGIBLE
@ALL OTHER PROVIDERS	38,460	1,147,375	\$	6,796,849.82	\$ 5.92	2.720		\$	16.11
DURABLE MED. EQUIP.	3 , 495	13,162		1,345,637.95	102.24	.031	385.02		3.19
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	909	1,744		197,188.74	113.07	.004	216.93		.47
MEDICAL TRANSPORTATION	6,018	169,813		1,357,421.62	7.99	.403	225.56		3.22
AMBULANCES/AIR TRANS	3 , 525	41,940		658,439.98	15.70	.099	186.79		1.56
OTHER TRANS	2,433	126,314		434,504.87	3.44	.299	178.59		1.03
OTHER SERVICES	537	1,559		264,476.77	169.65	.004	492.51		.63
ACUPUNCTURE	77	162		2,920.77	18.03	.000	37.93		.01
ADULT DAY HEALTH CARE CTR	781	9,369		652 , 071.61	69.60	.022	834.92		1.55
GENETIC DISEASE TESTING	572	573		60,045.00	104.79	.001	104.97		.14
IHMC, MODEL-NF, NF, AIDS, MSSP	2,154	34,015		1,244,102.55	36.58	.081	577.58		2.95
OCCUPATIONAL THERAPIST	5	55		669.86	12.18	.000	133.97		.00
OPTICIAN	6 , 597	15 , 579		167,705.06	10.76	.037	25.42		.40
PHYSICAL THERAPIST	975	10,085		141,762.99	14.06	.024	145.40		.34
PORTABLE X-RAY	74	169		2,653.36	15.70	.000	35.86		.01
PROSTHETIST/ORTHOTISTS	1,032	1,805		181,793.10	100.72	.004	176.16		.43
PROSTHETICS	1,027	1,800		181,520.48	100.84	.004	176.75		.43
ORTHOTICS	5	5		272.62	54.52	.000	54.52		.00
PSYCHOLOGIST	37	112		7,291.22	65.10	.000	197.06		.02
SPEECH AND AUDIOLOGY	712	2,390		124,715.97	52.18	.006	175.16		.30
HOSPICE SERVICES	71	1 , 956		254,879.90	130.31	.005	3589.86		.60
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	7 , 027	55 , 220		409,734.61	7.42	.131	58.31		.97
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	11,522	831 , 166		646,255.51	.78	1.971	56.09		1.53
@CALIF. CHILDREN SERVICES*	1,961	46,470	\$	5,286,706.36	\$ 113.77	.110		\$	12.53
@XOVER EXCLUDING STATE HOSP**	25,871	223,406	\$	3,947,988.92	\$ 17.67	.530	\$ 152.60	\$	9.36

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.